

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000097131

1. Entity Name
ANTHONY SAKER, M.D., P.A.

Principal Place of Business
2900 NORTH MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431

Mailing Address
2900 NORTH MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431

FILED
01 AUG 10 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
05/10/01 90039 016 /sacw

4. FEI Number
651046900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAKER, ANTHONY M.D.
2900 NORTH MILITARY TRAIL SUITE 230
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ANTHONY SAKER M.D.
9776 50 MILITARY TRAIL D2-2
BOCA RATON BEACH FLA 33436 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Saker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01

Date

Daytime Phone #

CR2E034 (10/00)

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ANTHONY SAKER, M.D., P.A.

Fellow, American Academy of Orthopaedic Surgeons
Orthopaedic Surgery • Total Joint Replacement • Arthroscopic Surgery • Sports Medicine

TO: Florida Department of State Division of Corporations
FROM: Rita Rudolph, Office Manager *RR*
RE: Reinstatement
DATE: 08/01/01

MEMO

Per my conversation with you reinstatement department, enclose you will find copies of the cancelled check and corrected document. We never received the letter requesting this correction.

Please advise if this is corrected properly now and our filing is completed. Thank you.