

FILED

Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90170 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097131

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

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

Mailing Address
**9776 SOUTH MILITARY TRAIL
STE. D2-2
BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16244 S. Military Trail
Suite, Apt. #, etc.
420
City & State
Delray Beach FL.
Zip
33484 Country
US

3. Mailing Address
16244 S. Military Trail
Suite, Apt. #, etc.
420
City & State
Delray Beach FL.
Zip
33484 Country
US

4. FEI Number **65-1046900** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	P SAKER, ANTHONY M.D. 9776 SOUTH MILITARY TRAIL D2-2 BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16244 S. Military Trail Suite 420. Delray Beach 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **S. Anthony Saker** **8/26/02 (561) 819 5690**
DATE: _____ DAYTIME PHONE: _____

CR2E034 (4/02)

Attachment

Dr. #P00000097131
ANTHONY SAKER, M.D., P.A.

Orthopaedic Surgeon

972934

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

August 27, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

To Whom It May Concern:

The 2002 UBR was sent to my old address and was subsequently received late. I am enclosing a copy of the envelope the UBR was mailed in showing the incorrect address along with my check.

If you have any questions regarding this matter, please do not hesitate to contact my office.
Thank you.

Sincerely,



Anthony Saker, M.D., P.A.

AS/mlg

Attachment
Dr. # P00000097131

977934



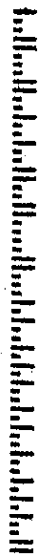
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



TO: 0080723 AU **AUTO T7 1 1297 33436-32242

P00000097131



ANTHONY SAKER, M.D., P.A.
9726 SOUTH MILITARY TRAIL
STE. D2-2
BOYNTON BEACH FL 33436-3224

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
4421