

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90325 007 ***550.00

DOCUMENT # P01000003037

1. Entity Name

SARAH ANN ANDERSON, MD, PA

Principal Place of Business

**2300 BAY AVENUE SUNSET ISLAND #3
 MIAMI BEACH FL 33140**

Mailing Address

**2300 BAY AVENUE SUNSET ISLAND #3
 MIAMI BEACH FL 33140**

2. Principal Place of Business

1380 NE miami Gardens Dr

3. Mailing Address

20743 NE 30th Ct

Suite, Apt. #, etc.

#140

Suite, Apt. #, etc.

Aventura

City & State

N M B FL

City & State

FL

Zip

33179

Country

USA

Zip

33180

Country

USA

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, SARAH A

2300 BAY AVENUE SUNSET ISLAND #3

MIAMI BEACH FL 33140

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

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. (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 **D** ☐ Delete
 NAME **ANDERSON, SARAH A**
 STREET ADDRESS **2300 BAY AVENUE SUNSET ISLAND #3**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-02 3057534120

CR2E034 (4/02)