FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90242 050 ***150.00

DOCUMENT # P01000003037

1. Entity Name

~~Sarah A. Anderson MD PA~~
Sarah ANN Anderson MD PA

DO NOT WRITE IN THIS SPACE

11017051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~[illegible]~~ 18260 NE 19th Ave	Suite 101 (same)
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.
City & State North miami Beach	City & State FL
Zip ~~33179~~ 33162-1632	Country USA
Zip	Country

4. FEI Number 651074506 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sarah Anderson MD

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

18260 NE 19th Ave Suite 101

City: North miami Beach FL Zip Code: ~~33179~~ 33162-1632

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	officer Sarah Anderson MD 18260 NE 19th Ave Suite 101 North miami Beach FL ~~33179~~ 33162
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.23.03 3059562922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #