

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 031 ***150.00

DOCUMENT # P02000057574

1. Entity Name
SGTR, INC.



Principal Place of Business
9000 BURMA ROAD
SUITE 107
PALM BEACH GARDENS, FL 33403

Mailing Address
PO BOX 33058
PALM BCH GARDENS, FL 33420



2. Principal Place of Business - No P.O. Box #
7111 FAIRWAY DRIVE

3. Mailing Address

< Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-P CR2E034 (12/06)

City & State
PALM BEACH GARDENS, FL

City & State

4. FEI Number
03-0448479

Applied For
Not Applicable

Zip
33418 Country
USA

Zip

Country

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

RAMANI, TUSHAR M CFO
9000 BURMA ROAD
SUITE 107
PALM BEACH GARDENS, FL 33403

TUSHAR RAMANI, MD, CDO

Street Address (P.O. Box Number is Not Acceptable)
7111 FAIRWAY DRIVE

SUITE 202

City PALM BEACH GARDENS FL Zip Code 33418

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]

TUSHAR RAMANI C.D.O. 7/8/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GOTTLIEB, STEVEN M
STREET ADDRESS 9000 BURMA ROAD, SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7111 FAIRWAY DRIVE #202
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SM. GOTTLIEB

7/8/08

(561) 799 3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #