2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # P02000102715

1. Entity Name

Principal Place of Business

SAMUEL J. MARGIOTTA JR., M.D., P.A.



FILED Jan 31, 2008 08:00 AN Secretary of State

5 (PENER) 88 8 81 82 84 6 81 6 81 181 181 6 82 64 81 64

13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470				13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470									
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Ma	iling Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/07)					
City & State			City	City & State				4. FEI Number 30-0112930 Applied For					
Zıp	Gountry Zip				Country			5. Certificate of Status Desired					
	6 Nama	and Address of Cu	rrent Benieter	ed Agent				7. Name and Address of New Registered Agent					
	U. Haine	and Address of Cu	Helli Hegisteri	eu Agent		Name		r. Hame an	Address of it	ew negistered	Agent		
MARGIOTTA JR., SAMUEL J M.D.													
13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470				Street Add	dress (F	(P.O. Box Number is Not Acceptable)							
EOANIATORIEETE 33470						City					17		
						City				FL	u Zip C	Code	
		v submits this statem	ent for the purc	oose of changing its	register	ed office or r	egistere	ed agent, or bo	oth, in the State	of Florida. I am	familiar w	ath, ar	nd accept
the obligat	ions of regist	ered agent.											
SIGNATURE .													
	Signature, typed	or present name of required	ingertand tie fan	pticacie, (NOTE	Registere	a Agent eigneture	e regioned	when reinstata g)		DATE			
FILE NOW!!! FEE-IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State										ampaign Financ Contribution.			May Be to Fees
10. OFFICERS AND DIRECTORS					11.			ADDITIONS	/CHANGES TO	OFFICERS ANI	DIRECT	OBSI	NI 11
TITLE	DR	OT TOLING	AND DIVIDOR	Delete	TITE	F T		70001010	70174102010	Ol) SOLAD / NA	Chan		Addition
NAME		ΓΑ JR., SAMUEL J	M.D.	D2'010	NAM			U00000805918					
STREET ADDRESS 13005 SOUTHERN BLVD SUITE 231				STR	EFT ADDRESS		02/06/08-80021-011 150.00						
CHY-ST-ZIP	LOXAHAT	CHEE FL 33470			CITY	-ST-ZIP			00,00,0		21.	2-4- H C	··•
TITLE			······································	☐ Derele	TITL	E		***************************************			Chan	ge	Addition
NAME	L. Divote			NAM	E								
STREET ADDRESS					STRE	EET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Derete	1011	E					Chan-	ge	Addition
NAME					HAM	E							
STREET ADDRESS						ET ADDRESS							1
CITY - ST - ZIP					CITY	-ST-ZIP							
IIIT <u>r</u>				☐ De ele	TITE	E					Chan	ge	Addition
NAM:					NAM								
STREET ADDRESS		•				ET ADDRESS							
CITY-ST-ZIP					CHY	-ST-ZIP					 		
TITLE				☐ Delete	THE						Chan	ĝe	Addition
NAME CIDERY ADROFSE					NAM								
STREET ADDRESS CITY-ST-ZIP					1	ET ADDRESS -ST-ZIP		•	•				
					-								□ vari
TITLE NAME				☐ Delete	LITT. NAM						☐ Chan	ye	Addition
STREET ADDRESS					4	LET ADORESS							
CITY-ST-ZIP						- ST-ZIP							
40 ()	<u> </u>												

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ro

Day: nip Enger: #