

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90001 042 \*\*\*150.00

**DOCUMENT # P03000036841**

1. Entity Name

SAGE MEDICAL BILLING, INC.



Principal Place of Business

701 LAKEVIEW DRIVE EAST  
ROYAL PALM BEACH FL 33411

Mailing Address

701 LAKEVIEW DRIVE EAST  
ROYAL PALM BEACH FL 33411

54072582



MOORE

CR2E034 (4/04)

2. Principal Place of Business

701 LAKEVIEW DR E

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 933

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Loxahatchee, FL

4. FEI Number

20-0006238

Applied For

Not Applicable

Zip

334811

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUBER, JAMES A  
301 CLEMATIS STREET  
SUITE 3000  
WEST PALM BEACH FL 33401

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

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BURR, JASON A	
STREET ADDRESS	701 LAKEVIEW DRIVE EAST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	STEFF, JULIA	
STREET ADDRESS	701 LAKEVIEW DRIVE EAST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	SLUDER, CHERI	
STREET ADDRESS	701 LAKEVIEW DRIVE EAST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheri Sluder

8/13/04

Daytime Phone #

361-312-2490