

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110175

Entity Name: CAMIL SADER, M.D., P.A.

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

2880 NE 14TH ST APT 501
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2880 NE 14TH ST APT 501
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-1423282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, CAMIL
2880 NE 14TH ST APT 501
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVT () Delete
Name: SADER, CAMIL
Address: 2880 NE 14TH ST APT 501
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: S () Delete
Name: SADER, CAMIL
Address: 2880 NE 14TH ST APT 501
City-St-Zip: POMPAN0 BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMIL SADER

P

02/01/2005

Electronic Signature of Signing Officer or Director

Date