

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110175

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

**FILED**  
**Apr 05, 2010**  
**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  
Name: SADER, CAMIL  
Address: 2880 NE 14TH ST APT 501  
City-St-Zip: POMPANO BEACH, FL 33062

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

I hereby 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 all other like empowered.

SIGNATURE: CAMIL SADER

DPVT

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date