

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065383

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** ROBERT SADATY, M.D., P.A.

**Current Principal Place of Business:**

11121 HEALTH PARK BLVD - STE 700  
NAPLES, FL 34110

**New Principal Place of Business:**

9400 FOUNTAIN MEDICAL COURT  
B100  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

P O BOX 112590  
NAPLES, FL 34108

**New Mailing Address:**

9400 FOUNTAIN MEDICAL COURT  
B100  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-2752811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SADATY, ROBERT D  
11121 HEALTH PARK BLVD - STE 700  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

SADATY, ROBERT D  
9400 FOUNTAIN MEDICAL COURT  
B100  
BONITA SPRINGS, FL 34135 US

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: \_\_\_\_\_

04/19/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SADATY, ROBERT D MD  
Address: 11121 HEALTH PARK BLVD - STE 700  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SADATY, ROBERT D MD  
Address: 9400 FOUNTAIN MEDICAL COURT, B100  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT SADATY

OWN

04/19/2007

Electronic Signature of Signing Officer or Director

Date