

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 034 ***150.00

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1. Entity Name

SOUTH DADE P.T. ASSOCIATES, INC.



Principal Place of Business

~~9299 SW 152 ST STE 103~~
MIAMI FL ~~33157~~

Mailing Address

9299 SW 152 ST STE 103
MIAMI FL 33157



2. Principal Place of Business - No P.O. Box #

7867 N. Kendall Drive

Suite, Apt. #, etc.

Suite #130

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, Florida 33156

City & State

4. FEI Number

59-2417574

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAMG, ELLIOT M.D.
~~9299 SW 152 ST STE 103~~
MIAMI FL ~~33157~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7867 N. Kendall Drive suite #130

City Miami, Fl. 33156

FL

Zip Code
33156

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 \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LANG, ELLIOT M.D.
STREET ADDRESS ~~9299 SW 152 ST STE 103~~
CITY- ST- ZIP MIAMI FL ~~33157~~

TITLE DST ☐ Delete
NAME EVANS, THEODORE M.D.
STREET ADDRESS ~~9299 SW 152 ST STE 103~~
CITY- ST- ZIP MIAMI FL ~~33157~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
NAME 7867 N. Kendall Drive suite 130
STREET ADDRESS Miami, Fl. 33156
CITY- ST- ZIP

☒ Change ☐ Addition
NAME 7867 N. Kendall Drive shite 130
STREET ADDRESS Miami, Fl. 33156
CITY- ST- ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #