

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 022 \*\*\*150.00

**DOCUMENT # P06000095472**

1. Entity Name  
P.A. MEDICAL SERVICES OF SOUTH FLORIDA INC.



Principal Place of Business  
6205 DUVAL DRIVE  
MARGATE, FL 33063

Mailing Address  
6205 DUVAL DRIVE  
MARGATE, FL 33063

40033655



03092007 Chg-P CR2E034 (12/06)

4. FEI Number  
42-1710377

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SAVAGE, ROBERT A  
6205 DUVAL DRIVE  
MARGATE, FL 33063

## 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 of current registered agent or officer 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**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
SAVAGE, ROBERT A  
6205 DUVAL DRIVE  
MARGATE, FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/9/07  
Date

561-306-6371  
Daytime Phone #