

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076166

Entity Name: S.A.B. MEDICAL, P.A.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

701 NORTHPOINT PARKWAY  
SUITE 200  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 SOUTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 26-3237633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P/D  
Name: BOTTA, SAMUEL A MD  
Address: 701 NORTHPOINT PARKWAY, SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33402 US

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: SAMUEL A. BOTTA, M.D.

P/D

01/12/2010

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

\_\_\_\_\_  
Date