


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90097 046 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000002735</b>					
1. Corporation Name <b>DISA GAGE SACKS, M.D., P.A.</b>					
Principal Place of Business 1282 S US HWY 1 SUITE 4 ROCKLEDGE FL 32955			Mailing Address 1282 S US HWY 1 SUITE 4 ROCKLEDGE FL 32955		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/07/1993</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3156457</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SACKS, DISA G 1282 S US HWY 1 SUITE 4 ROCKLEDGE FL 32955</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>SACKS, DISA G</b>					
1.3 STREET ADDRESS <b>1282 S US HWY 1, SUITE 4</b>					
1.4 CITY-ST-ZIP <b>ROCKLEDGE FL 32955</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>BARDEN, ROBERT E</b>					
2.3 STREET ADDRESS <b>1282 S US HWY 1, SUITE 4</b>					
2.4 CITY-ST-ZIP <b>ROCKLEDGE FL 32955</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)