Apr 30, 1999 8:00 am Secretary of State

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

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300002735

Corporation	n Name			
DISA GA	AGE SACKS, M.D., P.A.			
Principal Place	e of Business	Mailing Address		
1282 S US HW	Y 1	1282 S US HWY 1		
SUITE 4 SUITE 4		SUITE 4		
ROCKLEDGE FI	L 32955	ROCKLEDGE FL 32955		DO NOT WRITE IN THIS SPACE
; 				3. Date Incorporated or Qualifed 01/07/1993
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3156457 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fée Required
City & State	<b>e</b> .	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u>)</u>	Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
940	KS, DISA G		Oil Marrie	
1282 S US HWY 1			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 4			-	
ROCKLEDGE FL 32955			83	
noc	INLEDGE PL 32330		84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named	
office or r	egistered agent, or both, in the State of	Florida, Such change was auth	orized by the corp	l corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
•	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	i Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE	Change Addition
NAME .	SACKS, DISA G		1.2 NAME	<u> </u>
STREET ADDRESS	1282 S US HWY 1, SUITE 4		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CITY-ST-ZIP	
TITLE	PS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARDEN, ROBERT E		2.2 NAME	{
STREET ADDRESS	1282 S US HWY 1, SUITE 4	·	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	i	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME (	₹6 A		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	4		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-\$T-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME	••		5.2 NAME	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 12 or Block 13 if changet, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP1.

Change

Addition