

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 048 ***150.00

DOCUMENT # P93000017323 1. Entity Name SAMUEL RAND MEDICAL CLINIC, P.A.					
Principal Place of Business 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQUARE HOLLYWOOD FL 33021			Mailing Address 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQUARE HOLLYWOOD FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0400708 Applied For ☐ Not Applicable			5. Certificate of Status Desired No Certificate \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAND, SAMUEL 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQUARE HOLLYWOOD FL 33021			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 _____ DATE _____ Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete RAND, SAMUEL 4480 SHERIDAN ST EMERALD HILLS MEDICAL SO HOLLYWOOD FL 33021		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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 #					

50001127



1st MOORE CR2E034 (10/07)