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Jul 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026301 (0)

1. Corporation Name
SARKIS ANAC, M.D., P.A.



Principal Place of Business

% ANA MARIA ANGULO, ATTORNEY
2151 S. LEJEUNE ROAD, #310
CORAL GABLES FL 33134

Mailing Address

% ANA MARIA ANGULO, ATTORNEY
2151 S. LEJEUNE ROAD, #310
CORAL GABLES FL 33134-4200

3. Date Incorporated or Qualified
04/01/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Dr. Sarkis Anac, MD
Suite, Apt. #, etc.

2a. Mailing Address

26 Dr. Sarkis Anac, MD
Suite, Apt. #, etc.

22 2645 SW 37th Ave
City & State

27 2645 SW 37th Ave, Suite 504
City & State

23 Suite 504 Miami, FL

28 Miami, FL

24 Zip 33133 Country US

29 Zip 33133 Country US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$8.75 Additional
Fee Required

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

\$5.00 May Be
Added to Fees

g. Name and Address of Current Registered Agent

ANGULO, ANA M
2151 S. LEJEUNE ROAD
SUITE 310
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SARKIS, ANAC
STREET ADDRESS 2151 S. LEJEUNE ROAD, #310
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or 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 owner 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 changed, or on an addition with an address.

CR2E034 (9/96)