2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 08:00 AM Secretary of State

	AITITOPH	IXEF OIX I			
DOCUMENT # P93000026301 1. Entity Name SARKIS ANAC, M.D., P.A.				Secretary of State	
Principal Place 2601 SW 37 SUITE #501 MIAMI, FL 3	1	Mailing Address 2601 SW 37 AVE. SUITE #501 MIAMI, FL 33133 US	-	T 	
DO NOT WRITE IN THIS SPA			CE	01132005 No Chg-P CR2E034 (10/03) 4. FEI Number	
	6. Name and Address of Current F	egistered Agent			
SARKIS, ANAC 2601 SW 37 AVE. #501 MIAMI, FL 33133				DO NOT WRITE	
			IN THIS SPACE		
8. The above	a named entity submits this statement for	the purpose of changing its register	red office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept	
	tions of registered agent,				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution.		i.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS			
TITLE NAME	PSD SARKIS, ANAC MD		Î		
STREET ADDRESS	2601 SW AVE. #501				
CITY-ST-ZIP MIAMI, FL 33133			Pr vinia danimina	!IOOOOOO!!!!	
NAME				U00000241511 02/24/05-60049-009 150.00	
STREET ADDRESS CITY-ST-ZIP			ĺ		
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NAME STREET ADDRESS			1		
CITY-ST-ZIP	<u> </u>				
TITLE	i				

12. 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARKIS ANAC MD, PRES.

Daytime Phone #