

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90006 024 \*\*\*150.00

DOCUMENT # P93000086550

1. Entity Name  
DRS. ELIAS, SAYFIE & CASSIS, P.A.



Principal Place of Business  
4701 N MERIDIAN AVE  
SUITE 7460  
MIAMI BEACH, FL 33140 US

Mailing Address  
4701 N MERIDIAN AVE  
SUITE 7460  
MIAMI BEACH, FL 33140 US

2. Principal Place of Business  
3801 BISCAYNE BLVD

3. Mailing Address  
3801 BISCAYNE BLVD

Suite, Apt. #, etc.  
3RD FLOOR

Suite, Apt. #, etc.  
3RD FLOOR

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33137

Country  
USA

Zip  
33137

Country  
USA



05202005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0461662

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RAZOOK, RICHARD J  
1111 BRICKELL AVE #2500  
MIAMI, FL 33131

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELIAS, RICHARD A. MD		NAME		
STREET ADDRESS	4701 N MERIDIAN AVE SUITE 7460		STREET ADDRESS	3801 BISCAYNE BLVD, 3RD FL	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAYFIE, EUGENE J. MD		NAME		
STREET ADDRESS	4701 N MERIDIAN AVE SUITE 7460		STREET ADDRESS	3801 BISCAYNE BLVD, 3RD FL	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSIS, DANIEL L. MD		NAME		
STREET ADDRESS	4701 N MERIDIAN AVE SUITE 7460		STREET ADDRESS	3801 BISCAYNE BLVD, 3RD FL	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Richard A Elias, MD* 5-26-05 308673064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone