

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000087699

1. Entity Name
EUGENE J. SAYFIE, M.D., P.A.



Principal Place of Business
**568 HIBISCUS LN
BAY POINT
MIAMI, FL 33131 US**

Mailing Address
**568 HISCUS LN
BAY POINT
MIAMI, FL 33137 US**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0458907	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAYFIE, ESQ., NICOLE S
150 W. FLAGLER STREET
SUITE 2200
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000640725
02/28/07-80078-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P	NAME
NAME		SAYFIE, EUGENE J DR
STREET ADDRESS		568 HIBISCUS BAY POINT
CITY-ST-ZIP		MIAMI, FL
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Eugene J Sayfie M.D. 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #