

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90002 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 194000019514

1. Corporation Name  
SAMUEL G. ISAACS, ED.D., P.A.

Principal Place of Business: 2300 Glades Road, Suite 205 E, Boca Raton, FL 33431  
Mailing Address: 2300 Glades Road, Suite 205 E, Boca Raton, FL 33431

589640 - 90009 - 5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 2a. Mailing Address, 26, 27, 28, 29, 30, 4. FEI Number 65-0545685, 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent  
ISAACS, Samuel G.  
21159 Birds Nest Terrace  
Boca Raton, FL 33433

10. Name and Address of New Registered Agent  
81 Name, 82 Street Address, 83, 84 City, 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] DATE: 7/1/99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, city-st-zip.

14. 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 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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SAMUEL G. ISAACS  
6/24/99  
561-338-5260  
Daytime Phone #

**L.C.S.W., Ed.D. Lic. # SW 1587**  
**Lic. #MT 955**  
**Federal ID# 65-0545685**  
**BC/BS MEDICARE# Z2115**

**Dipl**  
**Ame**  
**Psyc**

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**DR. SAMUEL G. ISAACS**  
**2300 GLADES ROAD**  
**SUITE 205 EAST**  
**BOCA RATON, FLORIDA 33431**  
**(561) 338-5260**

June 28, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

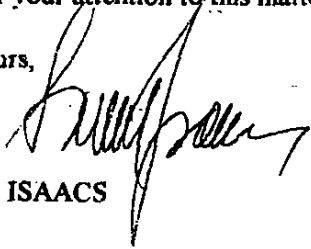
Re: FEI Number 65-0545685  
Profit Corporation Annual Report

Dear Sir/Madam:

Enclosed please find my 1999 Profit Corporation Annual Report as well as a check in the amount of \$150.00 for the filing fee. Please be advised that I did not receive the preprinted report as I have in past years and respectfully request that you accept the enclosed check in the amount of \$150.00 and waive the additional \$400.00 late fee.

Thank you for your attention to this matter.

Very truly yours,



SAMUEL G. ISAACS

SGI/ap

Enclosures