

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

07-06-1999 90002 008 ***150.00

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip - Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip - Country

30

9. Name and Address of Current Registered Agent

ISAACS, Samuel G.
21159 Birds Nest Terrace
Boca Raton, FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

65-0545685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

ISAACS, Samuel G.
21159 Birds Nest Terrace
Boca Raton, FL 33433

☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL G. ISAACS

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

589640-90009-5
P94000019514

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

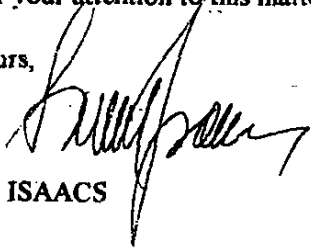
Re: FEI Number 65-0545685
Profit Corporation Annual Report

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