


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000019514  
 1. Entity Name  
 SAMUEL G. ISAACS, ED.D., P.A.



Principal Place of Business      Mailing Address  
 2300 GLADES ROAD                      2300 GLADES ROAD  
 SUITE 205E                                  SUITE 205E  
 BOCA RATON, FL 33431 US              BOCA RATON, FL 33431 US

**DO NOT WRITE IN THIS SPACE**



04042008      No Chg-P      CR2E034 (11/05)

4. FEI Number 65-0545685	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  
 ISAACS, SAMUEL G  
 5790 MIRABELLA DR  
 BOCA RATON, FL 33433

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**-- After May 1, 2008 Fee will be \$550.00**

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

1100000294026  
 04/24/08-80011-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ISAACS, SAMUEL G 5790 MIRABELLA DR BOCA RATON, FL 33433
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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 an other like empowered.

SIGNATURE: *Samuel Isaacs*      Date: *4/8/08*      Daytime Phone #: *561 239 9928*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR