

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000097571

1. Entity Name

THE EHS MEDICAL PRACTICE, P.A.



Principal Place of Business

529 NW 60TH ST
GAINESVILLE, FL 32607

Mailing Address

529 NW 60TH ST
GAINESVILLE, FL 32607



01062005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3068365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARKIS, ELIAS H MD
529 NW 60TH STREET
GAINESVILLE, FL 32607

**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

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SARKIS, ELIAS H M.D.
STREET ADDRESS	529 NW 60TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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:

ELIAS H SARKIS, MD **ELIAS H SARKIS, MD** 3/1/2005 331 5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #