

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000108417

1. Entity Name

GEORGE E. SADOWSKI, M.D., P.A.



Principal Place of Business

2460 OLD MOULTRIE ROAD, SUITE 3
ST. AUGUSTINE, FL 32086

Mailing Address

P.O. BOX 3127
ST. AUGUSTINE, FL 32085-3127



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3554440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADOWSKI, GEORGE E
2460 OLD MOULTRIE RD STE 3
SAINT AUGUSTINE, FL 32086

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SADOWSKI, GEORGE E M.D.
P.O. BOX 3127
ST. AUGUSTINE, FL 320853127

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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000000461530
03/20/06-R0053-021 150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/06 904-797-6522