

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030304

1. Entity Name

DR. SABRINA MORGEN, P.A.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90057 046 \*\*\*150.00

Principal Place of Business

1100 S. FEDERAL HWY., STE. 4  
BOYNTON BEACH FL 33435

Mailing Address

1100 S. FEDERAL HWY., STE. 4  
BOYNTON BEACH FL 33435

2. Principal Place of Business

5804 JOG Rd.

3. Mailing Address

5804 JOG Rd.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0910060

Applied For

Not Applicable

Zip

Country

33467

USA

Zip

Country

33467

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGEN, SABRINA

1100 S. FEDERAL HWY., STE. 4  
BOYNTON BEACH FL 33435

Name

Dr. Sabrina MORGEN

Street Address (P.O. Box Number is Not Acceptable)

5804 JOG ROAD

City

Lake Worth

FL

Zip Code

33467

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.

SIGNATURE

*Sabrina Morgen, P.A.*

4/15/01.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORGEN, SABRINA  
CITY-ST-ZIP 1100 S. FEDERAL HWY., STE. 4  
BOYNTON BEACH FL 33435

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Dr. Sabrina MORGEN  
STREET ADDRESS 5804 JOG ROAD  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sabrina Morgen, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01. (561) 967-7440

Date

Daytime Phone #

CR2E034 (10/00)