

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000030495**  
 Filing Name  
**SANDRA L HIRSCH, M.D., P.A.**

Principal Office Address  
**660 GLADES RD.  
 SUITE 300  
 BOCA RATON, FL 33431**

Mail Stop Address  
**660 GLADES RD.  
 SUITE 300  
 BOCA RATON, FL 33431**



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. Filing Number  
**65-0890472**

5. Do I desire a Status Change? ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MONAGHAN, TIMOTHY E  
 64 NE FOURTH AVENUE  
 DELRAY BEACH, FL 33483**

**DO NOT WRITE  
 IN THIS SPACE**

8. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his or her knowledge and belief, and that the filer is a resident of the State of Florida.

SIGNATURE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Section Change - Filing ☐ **\$5.00 May Be Added to Fee**

**U000000037176**  
**02/06/04-80088-016 150.00**

10. OFFICERS AND DIRECTORS

|     |                                                                               |
|-----|-------------------------------------------------------------------------------|
| 101 | P<br>HIRSCH, SANDRA L MD<br>660 GLADES RD., SUITE 300<br>BOCA RATON, FL 33431 |
| 102 |                                                                               |
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**DO NOT WRITE  
 IN THIS SPACE**

12. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his or her knowledge and belief, and that the filer is a resident of the State of Florida.

**SIGNATURE:** Sandra L. Hirsch, M.D., P.A. **2/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR