



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90098 033 ***150.00

DOCUMENT # P99000030495					
1. Entity Name SANDRA L. HIRSCH, M.D., P.A.					
Principal Place of Business 660 GLADES RD. SUITE 300 BOCA RATON, FL 33431			Mailing Address 660 GLADES RD. SUITE 300 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02102006 Chg-P CR2E034 (11/05)	
Zip		Zip		4. FEI Number 65-0890472	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONAGHAN, TIMOTHY E 54 NE FOURTH AVENUE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSCH, SANDRA L MD 660 GLADES RD., SUITE 300 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE: _____ 2/19/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



Attachment
40020782
#P99000030495

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

SANDRA L. HIRSCH, M.D., P.A.
660 GLADES RD.
SUITE 300
BOCA RATON, FL 33431

SUBJECT: SANDRA L. HIRSCH, M.D., P.A.
Ref. Number: P99000030495

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 906A00009896

Security enhanced document. See back for details.

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SANDRA L. HIRSCH, M.D., P.A.
660 GLADES RD. STE 300
BOCA RATON, FL 33431

DATE 2/13/06 63-27/631 FL 763

PAY TO THE ORDER OF Florida Department of State
Division of Corporations

ONE hundred FIFTY 00/100 DOLLARS

Bank of America

ACH RT 083100277

FOR ACH P99000030495

VOID AFTER 90 DAYS

00035280 063100277 003661236252