

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90231 016 ***150.00

DOCUMENT # P99000032196

1. Entity Name
STACEY SANDERS D.P.M., P.A.



Principal Place of Business
1770 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179

Mailing Address
1770 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business
16499 NE 19th AVE
Suite Apt. #, etc. 212

3. Mailing Address
16499 NE 19th AVE
Suite Apt. #, etc. 212

City & State
No. Miami Beach

City & State
No. Miami Bch

Country
USA

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0917334
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANDERS, STACEY DPM
1770 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box, etc.)
City FL Zi

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 *Stacey Sanders* president
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 SANDERS, STACEY DPM 1770 NE MIAMI GARDENS DR NORTH MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, STACEY DPM 16499 NE 19th AVE No. Miami Bch. Fla 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: *Stacey Sanders* SIGNATURE REQUIRED
Date 2/10/03 (305) 528 3668
Signature typed or printed name of signing officer or director

CR2E034 (10/02)