2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000039810

1. Entity Name
MORRIS, SKLAVER, MESTRE & DENNEY & PEREZ, M.D., P.A.

Principal Place of Business	Mailing Address
7353 NW 4TH STREET PLANTATION, FL 33317	7353 NW 4TH STREET PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0916457
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKLAVER, ALLEN R
7353 NW 4TH STREET
PLANTATION, FL 33317

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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 _____ DATE
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SKLAVER, ALLEN
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	V
NAME	MORRIS, JAMES
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	T
NAME	PEREZ, DANIEL
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	P
NAME	MESTRE, ALBERTO
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	S
NAME	DENNEY-REID, CAROLYN
STREET ADDRESS	7353 NW 4TH ST.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-90041-024 150.00

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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: Allen S Sklaver 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #