

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097418

FILED
Aug 11, 2008
Secretary of State

Entity Name: CATHERINE S. SONAGLIA M.D., P.A.

Current Principal Place of Business:

4801 N FEDERAL HWY
STE 300
FORT LAUDERDALE, FL 33306 US

Current Mailing Address:

4801 N FEDERAL HWY
STE 300
FORT LAUDERDALE, FL 33306 US

FEI Number: 65-0959222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONAGLIA, JANET
2660 NE 37 DR
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

4801 N FEDERAL HWY
STE 300
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

4801 N FEDERAL HWY
STE 300
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SONAGLIA, CATHERINE S
Address: 2660 NE 37TH DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE SONAGLIA

PRES

08/11/2008

Electronic Signature of Signing Officer or Director

Date