


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 600489 1. Entity Name RONALD GELLES, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 175 WESTWARD DRIVE MIAMI SPRINGS, FL 33166-2260 | Mailing Address 175 WESTWARD DRIVE MIAMI SPRINGS, FL 33166-2260 |
|---|---|

DO NOT WRITE IN THIS SPACE



07102008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-1233627 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GELLES, JARED ESQ.
1401 BRICKELL AVE.
STE. 825
MIAMI, FL 33131

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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 _____

U00000954615
07/14/08-80036-024 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------|
| TITLE | PDS |
| NAME | GELLES, RONALD |
| STREET ADDRESS | 175 WESTWARD DR. |
| CITY-ST-ZIP | MIAMI SPRINGS, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/14/08

Daytime Phone #: 305 890 0111