


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 601214
 1. Entity Name
MICHAEL S. GORDON, INC.



Principal Place of Business 3 GROVES ISLE DR 1801 COCONUT GROVE, FL 33133 US	Mailing Address 3 GROVE ISLE DR 1801 COCONUT GROVE, FL 33133 US
--	---

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1268841	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
GORDON, MICHAEL S., M.D.
3 GROVE ISLE DR
1801
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD GORDON, MICHAEL S 3 GROVE ISLE DR #1801 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GORDON, MICHAEL S 3 GROVE ISLE DR #1801 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000177614
 01/11/05-80054-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE: Michael S. Gordon, M.D.  **1/5/05** **205-243-6491**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #