2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 604688

1. Entity Name
PHILIP N. GELFAND, M.D., P.A.

Principal Place of Business	Mailing Address
PHILIP N. GELFAND, M.D. 1966 BRIDGEWATER DR. LAKE MARY, FL 32746	PHILIP N. GELFAND, M.D. 1966 BRIDGEWATER DR. LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1487459
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GELFAND, PHILIP N. (M.D.)
1966 BRIDGEWATER DR.
LAKE MARY, FL 32746

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 _____
(Signature, typed or printed name of registered agent and, if applicable, title of officer) (If changing Registered Agent, signature required above in addition to printed name) 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

U00000189945
01/24/05-80113-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GELFAND, PHILIP N
STREET ADDRESS	1966 BRIDGEWATER DR.
CITY ST ZIP	LAKE MARY, FL 32746
TITLE	S
NAME	GELFAND, FRANCINE
STREET ADDRESS	1966 BRIDGEWATER DR.
CITY ST ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	GELFAND, PHILIP N
STREET ADDRESS	1966 BRIDGEWATER DR.
CITY ST ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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)(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: Philip Gelfand 1-18-05 407-8040045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number