

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601214

**Entity Name:** MICHAEL S. GORDON, INC.

**Current Principal Place of Business:**

3 GROVE ISLE DR  
1801  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3 GROVE ISLE DR  
1801  
COCONUT GROVE, FL 33133 US

**FEI Number:** 59-1268841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GORDON, MICHAEL S., M.D.  
3 GROVE ISLE DR  
1801  
COCONUT GROVE, FL 33133 US

*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

**Officer/Director Detail :**

Title	PD	Title	TS
Name	GORDON,MICHAEL S	Name	GORDON,MICHAEL S
Address	3 GROVE ISLE DR #1801	Address	3 GROVE ISLE DR #1801
City-State-Zip:	COCONUT GROVE FL	City-State-Zip:	COCONUT GROVE FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL S. GORDON, M.D.

**PRESIDENT**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date