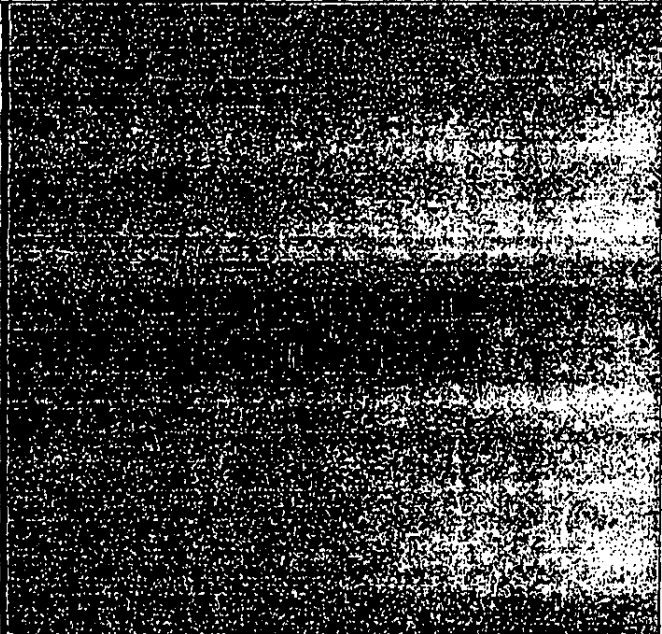
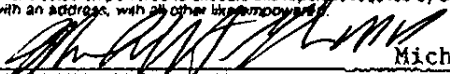


FILED
Mar 21, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 483882 1. Entity Name MICHAEL H. GORDON M.D., P.A.		
Principal Place of Business 2001 NORTHEAST 48TH COURT FT LAUDERDALE, FL 33308		Mailing Address 2001 NORTHEAST 48TH COURT FT LAUDERDALE, FL 33308
		01302008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1617075		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GORDON, MICHAEL H 2001 NORTHEAST 48TH COURT FT LAUDERDALE, FL 33308		
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 title if applicable. (NOTE: Registered Agent's signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 H 2001 NE 48TH COURT FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GORDON, MICHAEL H 2001 NE 48TH CT FT LAUDERDALE, 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		
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:  Michael H. Gordon		Date 3/18/08 954-772-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone