


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 510980
 1. Entity Name
GILBERT & RABINOWITZ, M.D.'S, P.A.



Principal Place of Business 1140 KANE CONCOURSE, 3RD FLOOR BAY HARBOR, FL 33154	Mailing Address 1140 KANE CONCOURSE, 3RD FLOOR BAY HARBOR, FL 33154
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1687254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, JOSE E
 1140 KANE CONCOURSE
 3RD FLOOR
 MIAMI, FL 33154**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE PSTD	GILBERT, JOSE E
NAME	1140 KANE CONCOURSE, 3RD FLOOR
STREET ADDRESS	BAY HARBOR, FL
CITY-ST-ZIP	
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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 04/18/07-80020-015 150.00

DO NOT WRITE IN THIS SPACE

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: Jose E. Gilbert 4-5-07 305 865 6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #