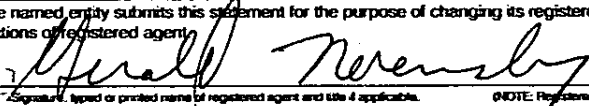
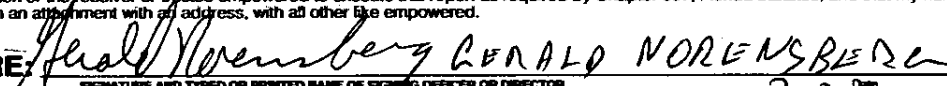


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 039 ***150.00

DOCUMENT # 547074 1. Entity Name GERALD NORENSBERG, D.O., P.A.					
Principal Place of Business 7310 W ATLANTIC MARGATE, FL 33063 US			Mailing Address 7310 W ATLANTIC BLVD TAMARAC, FL 33063 US		
2. Principal Place of Business 8327 W ATLANTIC BLVD. Suite, Apt. #, etc.		3. Mailing Address 8327 W ATLANTIC BLVD. Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 59-1767567	
Zip 33071 Country US		Zip 33071 Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORENSBERG, GERALD, D.O. 7310 W ATLANTIC BLVD MARGATE, FL 33063				7. Name and Address of New Registered Agent Name NORENSBERG, GERALD, D.O. Street Address (P.O. Box Number is Not Acceptable) 0 8327 W ATLANTIC BLVD City CORAL SPRINGS FL Zip Code 33071	
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:  DATE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete NORENSBERG, GERALD 7310 W ATLANTIC BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition GERALD NORENSBERG 8327 W ATLANTIC BLVD. CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE:  GERALD NORENSBERG 954-7552453 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Date **2-3-05**

Daytime Phone #