

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 600290

1. Entity Name

**DRS. ARONSON, TRAINA & IBARS NEUROSURGICAL
ASSOCIATES, P.A.**



Principal Place of Business

**7400 SW 88TH STREET
MIAMI, FL 33156**

Mailing Address

**7400 SW 88TH STREET
MIAMI, FL 33156**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1196297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARONSON, HUBERT A.
7400 N. KENDALL DRIVE
MIAMI, FL 33156**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARONSON, HUBERT A.
STREET ADDRESS	7400 N. KENDALL DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	TRAINA, JOSEPH
STREET ADDRESS	7400 N. KENDALL DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	IBARS, GEORGE M.D.
STREET ADDRESS	7400 N. KENDALL DRIVE, #307
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000185087
01/20/05-80056-021 150.00

**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: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/17/05 *X 305-670-7823*
Date Daytime Phone #