

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 039 ***150.00

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1. Entity Name

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



Principal Place of Business

7400 SW 88TH STREET
307
MIAMI, FL 33156

Mailing Address

7400 SW 88TH STREET
307
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #