


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 600290</b>		
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**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1196297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

ARONSON, HUBERT A.  
7400 N. KENDALL DRIVE  
#307  
MIAMI, FL 33156

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, 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 ARONSON, HUBERT A. 7400 N. KENDAL DR. #307 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAINA, JOSEPH 7400 N. KENDALL DR. #307 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBARS, GEORGE M.D. 7400 N. KENDALL DRIVE, #307 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/28/08-80021-013 150.00

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08

Date

305-670-7823

Daytime Phone #