

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600290

FILED  
Mar 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7400 N. KENDALL DR  
STE 307  
MIAMI, FL 33156

**New Principal Place of Business:**

6200 SUNSET DR  
STE 403  
MIAMI, FL 33143

**Current Mailing Address:**

7400 N. KENDALL DR  
STE 307  
MIAMI, FL 33156

**New Mailing Address:**

6200 SUNSET DR  
STE 403  
MIAMI, FL 33143

**FEI Number:** 59-1196297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARONSON, HUBERT A  
6200 SUNSET DR  
SUITE 403  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARONSON, HUBERT A.,  
Address: 6200 SUNSET DR, STE 403  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VD ( ) Delete  
Name: TRAINA, JOSEPH,  
Address: 6200 SUNSET DR, STE 403  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: IBARS, GEORGE M.D.  
Address: 6200 SUNSET DR, STE 403  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERT A ARONSON

P

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date