

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 3: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Carolee B. Wright
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 600967 (4)

ALBERT GERSING M. D., P. A.

Principal Place of Business: 2140 WEST 68TH ST HIALEAH FL 33016
Mailing Address: 2140 WEST 68TH ST HIALEAH FL 33016

Date of 2001 in this space

3. Date of Incorporation: 04/28/1969
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address	4. FID Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26	59-1260628	
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	5. This corporation has liability for intangible tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
City	City		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GERSING,ALBERT 2140 W 68TH ST HIALEAH FL 33016		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607 (5)(c) and 607 15(8) Florida Statutes the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 6(5) Florida Statutes.

SIGNATURE: _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GERSING,ALBERT	12 NAME	
13 STREET ADDRESS	2140 W. 68TH ST.	13 STREET ADDRESS	
14 CITY, ST, ZIP	HIALEAH FL	14 CITY, ST, ZIP	
15 TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	GERSING, AILEEN	22 NAME	
17 STREET ADDRESS	2140 W. 68TH ST.	23 STREET ADDRESS	
18 CITY, ST, ZIP	HIALEAH FL	24 CITY, ST, ZIP	
19 TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	GERSING, LESLIE	32 NAME	
21 STREET ADDRESS	2140 W. 68TH ST.	33 STREET ADDRESS	
22 CITY, ST, ZIP	HIALEAH FL	34 CITY, ST, ZIP	
23 TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY, ST, ZIP		44 CITY, ST, ZIP	
27 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY, ST, ZIP		54 CITY, ST, ZIP	
31 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(3)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Albert Gersing M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

4/27/95 305/8226130
(Type Name)