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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1. Corporation   | MENT # 6009 ERT GERSING M. D., P. A  | ` '   |   |  |  |                          |  |                                      |
|--|--|---|---|--|--|--------------------------|--|--------------------------------------|
| Principal Place of Business Mailing Address  |  |   |   |  |  |                          |  |                                      |
| 2140 WEST 68TH ST<br>HIALEAH FL 33016  |  | 2140 WEST 68TH S'<br>HIALEAH FL 33016   | 2140 WEST 68TH ST<br>HIALEAH FL 33016   |  | 1  |                          |  |                                      |
| F-1 = 2 - 4 - 4 - 4  |  |   |   |  | 3. Date incorporated or Qualified 04/28/1969   | <b>3a</b> . Da           | of Last F<br>05/01/1                       | ,                                    |
| 2. Principal Pr  | Place of Business  | 2a. Mailing Address   |   |  | 4. FEI Number  |                          | h  | Applied For                          |
| Suite, Apt.  | #, etc   | Suite, Apt. #, etc.   |   | ······   | 59-1260628   |                          |  | Not Applicable  5 Additional         |
| 2  | ·<br>  | 27  |   |  | 5. Certificate of Status Desired   |                          |  | Additional Required                  |
| City & State   | le .   | City & State  |   | ·····  | 6. Election Campaign Financing   |                          |  | May Be                               |
| 3 Zin  | T 0  | 28  | <del></del>   |  | Trust Fund Contribution  |                          | Adde                                       | d to Fees                            |
| Zip<br>1   | Country 25   | Zip <b>29</b>   | Cour  | ntry   | 8. This corporation has liability for Florida Statutes ☐ Yes   | intangible<br>No         | tax under s                                | 199.032,                             |
| <u>.</u> 1   | 9. Name and Address of Curi  |   | 1301  |  | 10. Name and Address of New F  |                          | d Agent                                    |                                      |
|  |  |   |   | 81 Name  |  |                          |  |                                      |
|  | SING,ALBERT  |   | -   | 82 Street Add  | dress (P.O. Box Number is Not Acceptat   | ole)                     |  |                                      |
|  | W 68TH ST  |   |   |  |  |                          |  |                                      |
| HIALE  | EAH FL 33016   |   |   | 83   |  |                          |  |                                      |
|  |  |   | ľ   | 84 City  |  | ····                     | <b>85</b> Zi                               | p Code                               |
| 1. Parement  | to the provisions of Sections EQ7 05   |   |   | 1  |  | FI                       |  |                                      |
| familiar wi  | red agent, or both, in the State of Fi<br>ith, and accept the obligations of, Se   | onoa. Such change was authoriz  | ed by the co  | ve-named corpo<br>orporation's boa   | oration submits this statement for the purard of directors. I hereby accept the app  | rpose of o<br>ointment a | hanging its r<br>as registered             | registered office<br>d agent. I am   |
| familiar wi  | rith, and accept the obligations of, So<br>Signature, typed or printed name of registered a  | cortion 607.0505, Florida Statutes gent and title if applicable (NC   | TE: Registered /  | Orporation siboa   | ard of directors. I hereby accept the app  | Ointment a               | ID DIRECTO                                 | Bagent, I am                         |
| familiar wi  | Signature, typed or printed name of registered at OFFICERS A   | orlida. Such change was authorizection 607.0505, Florida Statutes   | DTE: Registered /   | Agent signature require  | ard of directors. I hereby accept the app  | Ointment a               | as registered                              | agent. I am                          |
| familiar wi<br>SIGNATURE.<br>2.<br>ITLE  | Signature, typed or printed name of registered at OFFICERS A PD GERSING, ALBERT  | cortion 607.0505, Florida Statutes gent and title if applicable (NC   | DTE: Registered / 13.   | Agent signature requirements   | ard of directors. I hereby accept the app  | Ointment a               | ID DIRECTO                                 | PRS IN 12                            |
| familiar wi<br>SIGNATURE.<br>2.<br>ITLE<br>AME   | Signature, typed or printed name of registered as OFFICERS A PD GERSING, ALBERT 2140 W. 68TH ST.   | cortion 607.0505, Florida Statutes gent and title if applicable (NC   | TE: Registered // 13. 1.1 Till 1.2 NAI  | Agent signature require TLE ME REET ADDRESS  | ard of directors. I hereby accept the app  | Ointment a               | ID DIRECTO                                 | PRS IN 12                            |
| or register  | Signature, typed or printed name of registered at OFFICERS A PD GERSING, ALBERT  | cotion 607.0505, Florida Statutes ection 607.0505, Florida Statutes gent and title if applicable (NC AND DIRECTORS  DELETE    | TE: Registered // 13. 1.1 Till 1.2 NAI  | Agent signature require  TLE  ME  REET ADDRESS  (Y-ST-ZIP  | ard of directors. I hereby accept the applications and the applications and the applications and the applications are applications. ADDITIONS/CHANGES TO OFF | DATE                     | ID DIRECTO                                 | ORS IN 12                            |
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SIGNATURE: \_\_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/96 305-822623V