

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603788

FILED
Jan 06, 2005
Secretary of State

Entity Name: ALLEN E. GORDON, M.D., P.A.

Current Principal Place of Business:

16800 NW 2ND AVENUE
#301
N. MIAMI BCH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

16800 NW 2ND AVE
#301
N. MIAMI BCH, FL 33169

New Mailing Address:

FEI Number: 59-1408646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, ALLEN E., M.D., P.A.
16800 NW 2ND AVE
#301
MIAMI, FL 33169 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: GORDON, ALLEN E.,
Address: 16800 NW 2ND AVE SUITE 301
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLEN E. GORDON, M.D.

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date