2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #604517

1. Entity Name

STE J

RICHARD GORENBERG, M.D., P.A.

FILED Feb 26, 2008 08:00 A Secretary of State

Principal Place of Business

GAINESVILLE, FL 32607

Mailing Address

3601 S.W. 2ND AVENUE

3601 S.W. 2ND AVENUE

US

STE J GAINESVILLE, FL 32607

US



02012008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1470083 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6. Name and Address of Current Regis	tered Agent	1.		
GORENBERG,RICHARD 3601 S.W. 2ND AVENUE GAINESVILLE, FL			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and	d accept
SIGNATURE.	· · · · · · · · · · · · · · · · · · ·		· · ·		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORENBERG,RICHARD 8401 S.W. 24TH AVENUE GAINESVILLE, FL				•
TITLE NAME STREET ADDRESS CITY+ST+ZIP	S GORENBERG, RICHARD 8401 S.W. 24TH AVENUE GAINESVILLE, FL		·	000000839869 03/06/08-80026-006 150	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information subplied with this filing dope 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 socurate 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 of the receiver of 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 affectment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME

352-372-351

Daylime Phone #