

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604688

FILED
Feb 10, 2009
Secretary of State

Entity Name: PHILIP N. GELFAND, M.D., P.A.

Current Principal Place of Business:

PHILIP N. GELFAND, M.D.
1966 BRIDGEWATER DR.
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PHILIP N. GELFAND, M.D.
1966 BRIDGEWATER DR.
LAKE MARY, FL 32746

New Mailing Address:

1966 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

FEI Number: 59-1487459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELFAND, PHILIP N. (M.D.)
1966 BRIDGEWATER DR.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

GELFAND, PHILIP N.
1966 BRIDGEWATER DR.
LAKE MARY, FL 32746 US

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: PHILIP GELFAND

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GELFAND, PHILIP N.
Address: 1966 BRIDGEWATER DR.
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: GELFAND, FRANCINE
Address: 1966 BRIDGEWATER DR.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: GELFAND, PHILIP N.
Address: 1966 BRIDGEWATER DR.
City-St-Zip: LAKE MARY, FL 32746

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: PHILIP GELFAND

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date