# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 15 PM 1:43

DOCUMENT # 604944

1. Entity Name
LARRY I. GILDERMAN, D.O., P.A.

Principal Place of Business
1150 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024-5031

Mailing Address
1150 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024-5031

07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1508051
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

GILDERMAN, LARRY I.
1150 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $550.00**
**Due by September 8, 2004**

6. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

4/30/04 98370 017 158.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | GILDERMAN, LARRY I., D.O |
| STREET ADDRESS | 1150 N. UNIVERSITY DRIVE |
| CITY-ST-ZIP | PEMBROKE PINES, FL |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 7/1/04 954-432-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: DIVISION OF CORPORATIONS

ATTN: Katrina

850-245-6017

Larry I. Gilderman, D.O. P.A. Did not receive the annual report form for 2004.

We did however make a double payment for the other corporation here.
University Clinical Research, Inc. in error thinking that it was Larry I. Gilderman, D.O. P.A.
Please transfer one of the payments to Larry I. Gilderman, D.O. P.A.

Thank you

Stephanie Gilderman