2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 642741

1. Entity Name

GEORGE E. GELB P.A.



Principal Place of Business

6650 W INDIANTOWN RD

STE-200 JUPITER, FL 33458 Mailing Address

6650 W INDIANTOWN RD

STE-200

JUPITER, FL 33458

FILED Mar 24, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1940329

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, GELB 6650 W. INDIAN TOWN ROAD, STE 200 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the parties of registered agent.	ourpose of changing its regist	ered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				Agent signature (equired when (einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
110. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD GELB, GEORGE E: - 6650 W. INDIAN TOWN RD., SUITE 2 JUPITER, FL 33458			U00000868032 04/08/08-80094-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
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TITLE	1					

12. I hereby certify that the information supplied with this filing does 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 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:

NAME_ STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

(561) 748-8000

Daytime Phone #