

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43691

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** GARY R. DONSHIK, M.D., P.A.

**Current Principal Place of Business:**

GARY R. DONSHIK, M.D.  
21097 NE 27 COURT SUITE 320  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

GARY R. DONSHIK, M.D.  
2800 ISLAND BLVD APT 2402  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 59-2153791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DONSHIK, GARY R.  
21097 NE 27 COURT  
SUITE 320  
AVENTURA, FL 33180 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: P  
Name: DONSHIK, GARY R  
Address: 21097 NE 27 COURT SUITE 320  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: GARY R. DONSHIK M.D. P.A.

PRES

02/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date