2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# F88955

Entity Name: GAIL RUBIN KWAL, M.D., P.A.

Current Principal Place of Business:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431

New Principal Place of Business:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431 US

Current Mailing Address:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431

New Mailing Address:

% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON, FL 33431 US

FEI Number: 59-2202035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KWAL, GAIL RUBIN
4090 NW 24 WAY
BOCA RATON, FL 33431 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: DP ( ) Delete
Name: KWAL, GAIL RUBIN MD,
Address: 4090 NW 24 WAY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAIL RUBIN KWAL PRES 01/06/2009

Electronic Signature of Signing Officer or Director Date