

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G34443

FILED
Jul 15, 2007
Secretary of State

Entity Name: AARON TUCKLER, M.D., P.A.

Current Principal Place of Business:

9570 SW 107 AVENUE
C-204
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

1033 BAYAMO AVNUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-2279109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKLER, AARON, M.D.
1033 BAYAMO AVENUE
CORAL GABLES, FL 33146 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: TUCKLER, AARON, M.D.,
Address: 1033 BAYAMO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: TUCKLER, FLOR,
Address: 1033 BAYAMO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AARON TUCKLER

DR.

07/15/2007

Electronic Signature of Signing Officer or Director

_____ Date