

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 049 ***150.00

DOCUMENT # H31159 1. Entity Name GAIL P. BALLWEG, M.D., P.A.																																																																																																																																			
Principal Place of Business 7150 W. 20TH AVE 409 HIALEAH, FL 33016 US			Mailing Address 5030 SWEETWATER TERRACE COOPER CITY, FL 33330 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 601 N. Flamingo Road		3. Mailing Address 																																																																																																																																	
Suite, Apt. #, etc. Suite 406		Suite, Apt. #, etc. 																																																																																																																																	
City & State Pembroke Pines FL		City & State 																																																																																																																																	
Zip 33028		Country USA		Zip 																																																																																																																															
Country 		4. FEI Number 59-2466501																																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent BALLWEG, GAIL P. 7150 WEST 20TH AVENUE STE. 409 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Ballweg, Gail P. Street Address (P.O. Box Number is Not Acceptable) 5030 Sweetwater Terrace City Cooper City FL Zip Code 33330																																																																																																																																
8. 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 <u><i>Gail P. Ballweg</i></u> DATE <u>1/20/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSD</td> <td style="width: 30%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSD</td> <td style="width: 30%;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BALLWEG, GAIL P.</td> <td></td> <td>NAME</td> <td>BALLWEG, GAIL P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7150 W 20TH AVE STE 409</td> <td></td> <td>STREET ADDRESS</td> <td>601 N. Flamingo Rd Suite 406</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td>Pembroke Pines FL 33028</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition	NAME	BALLWEG, GAIL P.		NAME	BALLWEG, GAIL P		STREET ADDRESS	7150 W 20TH AVE STE 409		STREET ADDRESS	601 N. Flamingo Rd Suite 406		CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP	Pembroke Pines FL 33028		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 lines empowered.																																																																																																																																			
SIGNATURE: <u><i>Gail P. Ballweg</i></u> 1-20-08 954-438-9112 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			

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