

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31159

FILED  
May 02, 2009  
Secretary of State

Entity Name: GAIL P. BALLWEG, M.D., P.A.

## Current Principal Place of Business:

602 N. FLAMINGO ROAD  
SUITE 406  
PEMBROKE PINES, FL 33028 US

## New Principal Place of Business:

601 N. FLAMINGO ROAD  
SUITE 406  
PEMBROKE PINES, FL 33028 US

## Current Mailing Address:

5030 SWEETWATER TERRACE  
COOPER CITY, FL 33330 US

## New Mailing Address:

FEI Number: 59-2466501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLWEG, GAIL P.  
5030 SWEETWATER TERRACE  
STE. 409  
COOPER CITY, FL 33330 US

## Name and Address of New Registered Agent:

BALLWEG, GAIL P.  
5030 SWEETWATER TERRACE  
STE. 409  
COOPER CITY, FL 33330 US

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: GAIL BALLWEG

05/02/2009

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: PSD ( ) Delete  
Name: BALLWEG, GAIL P  
Address: 601 N. FLAMINGO RD SUITE 406  
City-St-Zip: PEMBROKE PINES, FL 33028

## 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 BALLWEG

DR.

05/02/2009

Electronic Signature of Signing Officer or Director

Date