

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31159

FILED  
Apr 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

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

**OFFICERS AND DIRECTORS:**

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

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: GAIL P. BALLWEG, M.D.

PSD

04/09/2012

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

\_\_\_\_\_  
Date