


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90439 019 \*\*\*150.00

<b>DOCUMENT # H80632</b> 1. Entity Name <b>CARUSO &amp; GATES, M.D., P.A.</b>					
Principal Place of Business <b>1815 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>1815 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # <b>6405 N. Federal Hwy</b>		3. Mailing Address <b>6405 N. Federal Hwy</b>			
Suite, Apt. #, etc. <b>Suite 402</b>		Suite, Apt. #, etc. <b>Suite 402</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33308</b>		Country <b>USA</b>		4. FEI Number <b>59-2587570</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>CARUSO, PHILLIP A. 1815 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6405 N. Federal Hwy, Suite 402</b> City <b>Fort lauderdale</b> <b>FL</b> Zip Code <b>33308</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARUSO, PHILLIP A. 1815 E COMMERCIAL BLVD FT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6405 N. Federal Hwy, Suite 402 Fort Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GATES, E JASON 1815 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6405 N. Federal Hwy, Suite 402 Fort Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>Phillip A. Caruso</i></u> <u><i>PA. Caruso M.D.</i></u> <u><i>4/26/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					