

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # H86520 (4)

**1. Corporation Name
RONALD GELLES, INC.**

**200001533792
-07/10/95--01081--001
***9225.00 ***225.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/20/1985
3a. Date of Last Report 04/29/1994

4. FEI Number 59-2609767
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes **Yes** **No**

Principal Place of Business Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3000 MIAMI FL 33131
C/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3000 MIAMI FL 33131

2. Principal Place of Business 2a. Mailing Address
21 2601 S. Bayshore Dr. Suite, Apt. #, etc. 26 2601 S. Bayshore Dr. Suite, Apt. #, etc.
22 Suite 1600 27 Suite 1600
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country
24 33133 U.S. 29 33133 30 U.S.

9. Name and Address of Current Registered Agent
**FLORIDA REGISTERED AGENTS
100 S.E. 2 ST. #3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent
B1 Name A Z Registered Agent Corporation
B2 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive
B3 Suite 1600
B4 City Miami FL B5 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of the Florida Statutes.

SIGNATURE BY: Justin T. Wilson, Secretary
Signature of the person who changed the agent and file it over the (NOTE: Registered Agent signature required when re-registering) **DATE**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GELLES, RONALD, M.D.
STREET ADDRESS	175 WESTWARD DR.
CITY- ST- ZIP	MIAMI SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY- ST- ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY- ST- ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY- ST- ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY- ST- ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY- ST- ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Gelles **5/16/95** **300001533792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Certificate Number)