

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 24 AM 10:57

DOCUMENT # H94244

1. Entity Name

MUSYA'S EUROPEAN HEALTH CARE CENTER, INC.



Principal Place of Business

500 BAYVIEW DR  
NO MIAMI BCH FL 33160  
US

Mailing Address

% MUSYA & AARON GELMAN  
230-174 STR, APT 1801  
NORTH MIAMI BEACH FL 33160  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2653119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWITNEY, PAUL  
420 LINCOLN ROAD  
SUITE 512  
MIAMI BEACH, FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS GELMAN, MUSYA  
CITY-ST-ZIP 500 BAYVIEW DR  
NO MIAMI BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**200147010472**  
**03/24/09--01004--004 \*\*150.00**

TITLE  
NAME STD  
STREET ADDRESS GELMAN, AARON  
CITY-ST-ZIP 500 BAYVIEW DR  
NO MIAMI BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Musya Gelman

3-15-2009