

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Handwritten initials

DOCUMENT # K69636

1. Entity Name

PETER H. GACH M.D., P.A.



FILED

08 APR 28 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
2825 NORTH STATE ROAD 7., STE 202 MARGATE FL 33063 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0118506** Applied For Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GACH, PETER HARVEY
2825 NORTH STATE RD 7
SUITE 202
MARGATE FL 33063

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

Handwritten signature of Peter Harvey Gach

4-10-08

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

(NOTE: Registered Agent signature required when naming)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GACH, PETER HARVEY	2825 NORTH STATE RD 7	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Handwritten signature of Monica Armentano

4-10-08

954-968-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #