

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90002 005 ***150.00

DOCUMENT # L41231

1. Entity Name

JEFFREY S. GERSON M.D., P.A.



Principal Place of Business

2701 S BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

Mailing Address

2701 S BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

2. Principal Place of Business

2701 S. BAYSHORE DR

3. Mailing Address

2701 S. BAYSHORE DR

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

GERSON, JEFFREY S
2701 S BAYSHORE DRIVE
SUITE 305
COCONUT GROVE FL 33133

only suite changed

7. Name and Address of New Registered Agent

Name

GERSON, JEFFREY S.

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

2701 S. BAYSHORE DR # 400

City

COCONUT GROVE

FL

Zip Code

33133

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	GERSON, JEFFREY S	
STREET ADDRESS	2701 S BAYSHORE DRIVE, #305 400	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2701 S. BAYSHORE DR, SUITE 400	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #