FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L66175

1. Entity Name
ALEXANDER T. GIMON, PH.D., P.A.

Principal Place of Business	Mailing Address
C/O ALEXANDER T. GIMON 10225 ULMERTON RD SUITE 12B LARGO, FL 34641	C/O ALEXANDER T. GIMON 10225 ULMERTON RD SUITE 12B LARGO, FL 34641

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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3009096
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

GIMON, ALEXANDER T.
10225 ULMERTON RD
12B
LARGO, FL 34641

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIMON, ALEXANDER T.
STREET ADDRESS	10225 ULMERTON RD 7C
CITY-ST-ZIP	LARGO, FL
TITLE	VP
NAME	DAVIS, AMIE G
STREET ADDRESS	2490-SW 4TH AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	DAVIS, MATHEW
STREET ADDRESS	2490 -SW 4TH AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	T
NAME	GIMON, ANDREA CAPT
STREET ADDRESS	4580 CASTLE POINT DR
CITY-ST-ZIP	COLORADO SPRINGS, FL 90917
TITLE	S
NAME	LEE, PATRICIA M ESQ
STREET ADDRESS	535 -1ST AVE NO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80127-006 150.00

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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: Alexander T. Gimon 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #