

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66175

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ALEXANDER T. GIMON
10225 ULMERTON RD SUITE 12B
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

C/O ALEXANDER T. GIMON
10225 ULMERTON RD SUITE 12B
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3009096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIMON, ALEXANDER T.
10225 ULMERTON RD
12B
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIMON, ALEXANDER T.,
Address: 10225 ULMERTON RD 7C
City-St-Zip: LARGO, FL

Title: VP () Delete
Name: DAVIS, AMIE G
Address: 2490-SW 4TH AVE
City-St-Zip: MIAMI, FL 33129

Title: VP (X) Delete
Name: DAVIS, MATHEW
Address: 2490 -SW 4TH AVE
City-St-Zip: MIAMI, FL 33129

Title: T (X) Delete
Name: GIMON, ANDREA CAPT
Address: 4580 CASTLE POINT DR
City-St-Zip: COLORADO SPRINGS, FL 90917

Title: S () Delete
Name: LEE, PATRICIA M ESQ
Address: 535 -1ST AVE NO
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIMON, AMIE G
Address: 2490-SW 4TH AVE
City-St-Zip: MIAMI, FL 33129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP T (X) Change () Addition
Name: LEE, PATRICIA M ESQ
Address: 530 1ST AVE. SO.
City-St-Zip: ST PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER T. GIMON

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04/02/2009

Electronic Signature of Signing Officer or Director

Date