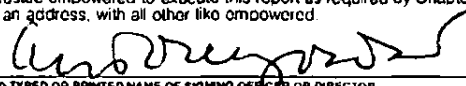


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-08-2007 90014 025 ****61.25

3/8.

DOCUMENT # N06000011366 1. Entity Name FINLAY MEDICAL SOCIETY, INC.					
Principal Place of Business 344 W 65TH STREET #204 HIALEAH FL 33166			Mailing Address 344 W 65TH STREET #204 HIALEAH FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 23096			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami		4. FEI Number 20-5822098	
Zip	Country	Zip 33102	Country Dade	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, ANTONIO M MD 344 W 65TH STREET #204 HIALEAH FL 33166				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GORDON, ANTONIO M MD 344 W 65TH STREET #204 HIALEAH FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SALOMON, INGRID MD 344 W 65TH STREET #204 HIALEAH FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COSTA, ERNESTO A 344 W 65TH STREET #204 HIALEAH FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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 617, 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:  1/26/07 3305 JB6455 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					