


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90090 036 ***150.00

DOCUMENT # P00000029127

1. Entity Name
GISELLE FAUBEL, PSY., D., P.A.



Principal Place of Business
7600 S.W. 57 AVE., STE. 223
SOUTH MIAMI, FL 33143

Mailing Address
7600 S.W. 57 AVE., STE. 223
SOUTH MIAMI, FL 33143

50011115

2. Principal Place of Business
DR. GISELLE FAUBEL
 Suite, Apt. #, etc.
1550 Madruga Ave., Ste. 201
Coral Gabels, FL 33146

3. Mailing Address
DR. GISELLE FAUBEL
1550 Madruga Ave., Ste. 201
Coral Gabels, FL 33146

City & State
Coral Gabels, FL 33146



01072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1001211

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FAUBEL, GISELLE
7600 S.W. 57 AVE., STE. 223
SOUTH MIAMI, FL 33143

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FAUBEL, GISELLE STREET ADDRESS 7600 S.W. 57 AVE., STE. 223 CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DR. GISELLE FAUBEL NAME 1550 Madruga Ave., Ste. 201 STREET ADDRESS Coral Gabels, FL 33146 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DR. GISELLE FAUBEL NAME 1550 Madruga Ave., Ste. 201 STREET ADDRESS Coral Gabels, FL 33146 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE: *Giselle Faubel* DATE: *1/2/02/05* DAYTIME PHONE: *(305) 665-8355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR