
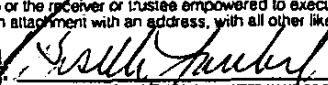


FILED
Aug 02, 2006 8:00 am
Secretary of State

01-23-2006 90125 019 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000029127					
1. Entity Name GISELLE FAUBEL, PSY., D., P.A.					
Principal Place of Business DR. GISELLE FAUBEL 1550 MADRUGA AVE., SUITE 201 CORAL GABLES, FL 33146			Mailing Address DR. GISELLE FAUBEL 1550 MADRUGA AVE., SUITE 201 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1001211	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 GISELLE FAUBEL Street Address (P.O. Box Number is Not Acceptable) 1550 Madruga Ave., Suite 201 City Coral Gables FL Zip Code 33146		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUBEL, GISELLE 1550 MADRUGA AVE., SUITE 201 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISELLE FAUBEL 1550 MADRUGA AVE., SUITE 201 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 7/29/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

January 28; 2006

GISELLE FAUBEL, PSY., D., P.A.
DR. GISELLE FAUBEL
1550 MADRUGA AVE., SUITE 201
CORAL GABLES, FL 33146

ATTACHMENT
66022569

SUBJECT: ~~GISELLE FAUBEL, PSY., D., P.A.~~
Ref. Number: P00000029127

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 306A00007142

/vrh

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS
7. LIST
ENTER SELECTION AND CR:

ATTACHMENT

66033569
P00000029127

DR. GISELLE FAUBEL
1550 MADRUGA AVE, STE 201
CORAL GABLES, FL 33146-3036

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Giselle Faubel

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U. S. Patent No. 5,510,199

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