

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000029127
 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

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03062007 No Chg-F CR2E034 (11/05)

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
 1550 MADRUGA AVE
 SUITE 201
 CORAL GABLES, FL 33146

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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, 2007 Fee will be \$550.00

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

U00000668100
 03/27/07-80009-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAUBEL, GISELLE
STREET ADDRESS	1550 MADRUGA AVE SUITE 201
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Giselle Faubel ✓ DATE: 3/12/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #