


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000017866**  
 1. Entity Name  
 GERARDO J. FRANCO, D.O., P.A.



Principal Place of Business      Mailing Address  
 11601 BISCAYNE BLVD      11601 BISCAYNE BLVD  
 SUITE 202      SUITE 202  
 N MIAMI, FL 33181      N MIAMI, FL 33181

**DO NOT WRITE IN THIS SPACE**



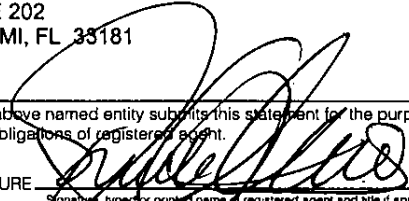
04072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 52-2287637      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FRANCO, GERARDO J  
 11601 BISCAYNE BLVD  
 SUITE 202  
 N MIAMI, FL 33181

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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:       DATE: 4/16/08  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

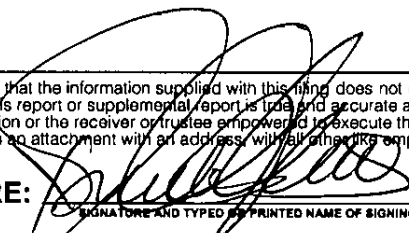
9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FRANCO, GERARDO J 11601 BISCAYNE BLVD, STE 202 N MIAMI, FL 33181
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U00000908383  
 05/06/08-80027-024 150.00

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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, will fall either IFRS empowered.  
 SIGNATURE:       DATE: 4/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #