

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026544

Entity Name: DISCREET GYNECOLOGY, P.A.

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

2240 NE 123RD ST.  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

8755 SW 87 COURT  
212  
MIAMI, FL 33176 US

**Current Mailing Address:**

15403 SW 142 AVENUE  
MIAMI, FL 33177

**New Mailing Address:**

15403 SW 142 AVENUE  
MIAMI, FL 33177 US

FEI Number: 65-1094996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SALINGER, DARREN M.D.  
15403 SW 142 AVENUE  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution (X).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALINGER, DARREN  
Address: 15403 SW 142 AVENUE  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN SALINGER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date