

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90020 022 ***150.00

DOCUMENT # P01000050124

1. Entity Name
RONALD S. GUP, M.D., P.A.



Principal Place of Business

**4060 SHERIDAN ST
SUITE B
HOLLYWOOD, FL 33021 US**

Mailing Address

**4060 SHERIDAN ST,
SUITE B
HOLLYWOOD, FL 33021**

66006235



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1105453

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYNNE PACKER CPA
2804 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33024-6789**

*Ronald S. Gup
4060 Sheridan St.
Suite B
Hollywood FL 33021*

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 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
**PSTD
GUP, RONALD S
4060 SHERIDAN ST, SUITE B
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05 954-906-9001

Memorial Regional Hospital
3501 Johnson Street
Hollywood, FL 33021



February 22, 2005

Ronald S Gup M.D.
4060 B Sheridan Street
Hollywood, FL 33021
[Barcode]

Dear Dr. Gup:

As a key physician enrolled in our Physician Referral Service, we have provided your name to the caller(s) below.

The date range of the referrals listed is 1/01/05 to 1/31/05.

Carolyn Fromuth
2490 Northpark Rd Apt 216
Hollywood, FL 33021
954-967-9413

Martha Juda
200 Diana Apt 301
Hallandale Beach, FL 33009
954-454-3466

Brittany Nelson
2164 SW 118th Ave
Miramar, FL 33025
954-602-2288

James Southworth
PO Box 1395
Candler, NC 28715
828-398-4624

Stephen Gatses
2854 Vanburen St
Hollywood, FL 33021
954-920-1933
Appointment: 02/09/05 03:00 PM

Because some callers do not need your services immediately, an appointment may not have been made at this time. However, you should see an overall increase in new patient contacts in the upcoming months.

We appreciate your continued support of Memorial Regional Hospital and should the need arise for hospital inpatient or outpatient services for your patients, we hope you will think of us.

Sincerely,

Frank V. Sacco

Frank V. Sacco
CEO

66006235
#P0100050124



Memorial
Healthcare System

Ronald S Cup MD
4060 B Sheridan Street
Hollywood, FL 33021
[Barcode]

As a key physician enrolled in our Physician Referral Service, we have provided your name to the caller(s) below.
The date range of the referrals listed is 1/01/05 to 1/31/05.

Sara Barrett
7610 Stirling Rd Apt E106
Hollywood, FL 33024
954-392-8686

We appreciate your continued support of Memorial Hospital West and should the need arise for hospital inpatient or outpatient services for your patients, we hope you will think of us.

Frank V. Sacco
Frank V. Sacco
CEO

ATTACHMENT



66006235
#P01000050124

Dear Dr. Gup:

Frank V. Sacco
CEO