

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90079 001 ***150.00

DOCUMENT #	P02000114497	2007
1. Entity Name		
JUDITH GULKO, PHD, PA		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9900 WEST SAMPLE ROAD, SUITE 300		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CORAL SPRINGS, FL			
Zip	Country	Zip	Country
33065			

40124434

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
14-1855026		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
GULKO JUDITH F PA	
Street Address (P.O. Box Number is Not Acceptable)	
9900 WEST SAMPLE ROAD #300	
City	Zip Code
CORAL SPRINGS	FL 33065

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

J. Gulko

07.09.07

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE	DPST	TITLE	
NAME	GULKO, JUDITH	NAME	
STREET ADDRESS	9900 WEST SAMPLE RD #300	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JUDITH GULKO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07.09.07 954 825-0461

ATTACHMENT

40124434

#P02000114497

JUDITH GULKO, PHD, P.A.
9900 West Sample Road
Suite # 313
Coral Springs, Fl. 33065

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Fl. 32314

July 9, 2007

To Whom it May Concern:

Please accept our apologies for this late payment of the Corporate Annual Report. It is a complete oversight on our part and hope you will accept our apologies and our payment of \$150.00 at this time. No excuse, but business difficulties disrupted our activities.

Enclosed please find our payment. We will see that this does not occur again. Thank you for your considerations.

Sincerely,

E. Toby Brandman

E. Toby Brandman

Bookkeeper for the firm.