2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114195

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: GINA MARCUS, DMD, P.A.

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 90	OUGLAS ROAI 7 6ABLES, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 90	OUGLAS ROAI 7 6ABLES, FL 33				
FEI Numbe	r: 20-1469519	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	, GINA OUGLAS RD #9 ABLES, FL 33	· = ·			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	MARCUS, GINA	Delete DMD AS ROAD # 907	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GINA MARCUS DR. 03/07/2007