

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000072419				Apr 07, 2008 08:00 Secretary of State	
1. Entity Name GUSTAVO A. FERREIRA, MD, P.A.					
Principal Place of Business 1951 NW 172 AVENUE SUITE 203 MIRAMAR, FL 33029		Mailing Address 1951 NW 172 AVENUE SUITE 203 MIRAMAR, FL 33029			
DO NOT WRITE IN THIS SPACE					
		03242008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 20-2866697		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERREIRA, GUSTAVO A 1951 NW 172 AVENUE MIRAMAR, FL 33029		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11000000004046 04/17/08-80028-006 158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
DPST FERREIRA, GUSTAVO A 1951 NW 172 AVENUE, SUITE 203 MIRAMAR, FL 33029					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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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 with all other like empowered.					
SIGNATURE: 		GUSTAVO A. FERREIRA		4/4/08 9544323539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	