

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000020815

Entity Name: MICHAEL GUSACK, P.A.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

68 BEAL PARKWAY SW  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

68 BEAL PARKWAY SW  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 20-4336768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUSACK, MICHAEL D  
68 BEAL PARKWAY SW  
FORT WALTON BEACH, FL 32548 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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: GUSACK, MICHAEL D  
Address: 68 BEAL PARKWAY SW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: P/D  
Name: GUSACK, MICHAEL D  
Address: 1229 AUTUMN BREEZE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL GUSACK

P/D

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date