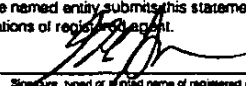
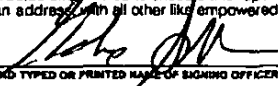


FILED
Mar 13, 2008 8:00 am
Secretary of State

01-30-2008 90032 010 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000074702			
1. Entity Name GABRIEL E. SALLOUM, M.D., P.A.			
Principal Place of Business 20601 E. DIXIE HEY SUITE 330 MIAMI, FL 33180		Mailing Address 20601 E. DIXIE HEY SUITE 330 MIAMI, FL 33180	
2. Principal Place of Business - No P.O. Box # 2999 NE 191 Street Suite, Apt. #, etc. Penthouse 1 City & State Aventura FL Zip 33180 Country USA		3. Mailing Address 2999 NE 191 Street Suite, Apt. #, etc. Penthouse 1 City & State Aventura, FL Zip 33180 Country USA	
4. FEI Number 20-5158516		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (NOTE: Registered Agent signature required when resigning) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SALLOUM, GABRIEL E M.D. 20601 E. DIXIE HWY SUITE 330 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SALLOUM, GABRIEL E M.D. 2999, N.E. 191 Street Penthouse 1 Aventura, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3/8/8 Date Daytime Phone #	