2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094655

Entity Name: CLEOPATRA GORDON PUSEY, MD P.A.

FILED Apr 05, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IMONDVILLE D, FL 33069	ROAD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1711 HAMMONDVILLE ROAD POMPANO, FL 33069			4612 SW 131 TERRACE MIRAMAR, FL 33027		
FEI Number: 30-0510314 FEI Number App		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOC MIAMI, FL	OR 33145 US		purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.		hb		
SIGNATUI	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GORDON-PUS) Delete SEY, CLEOPATRA NDVILLE ROAD _ 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GORDON-PUS) Delete SEY, CLEOPATRA NDVILLE ROAD _ 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: CLEOPATRA GORDON PUSEY, MD P.A. DPVS 04/05/2009