


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000000232		
1. Entity Name MARIA A. GORELICK, M.D., P.A.		

Principal Place of Business 7730 SW 135TH AVE MIAMI, FL 33183 US	Mailing Address 7730 SW 135TH AVE MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE



08012004 No Chg-P CR2E034 (10/03)

4. F&T Number 65-0458464	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GORELICK, MARIA A MD 7730 SW 135TH AVE MIAMI, FL 33183	
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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</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GORELICK, MARIA A MD 7730 SW 135TH AVE MIAMI, FL 33183
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further, I 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 persons empowered.

SIGNATURE: <u><i>M. Gorelick M.D.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/31/04</u> <small>Date</small>	<u>305-644-0623</u> <small>Daytime Phone #</small>
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