

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057318

FILED
Feb 02, 2005
Secretary of State

Entity Name: STEPHEN Z. GERVIN, M.D., F.A.C.S, NEUROSURGERY, P.A.

Current Principal Place of Business:

2301 MED DENTAL CTR
2301 N UNIV DR, STE 210
PEMBROKE PINES, FL 33024738 US

New Principal Place of Business:

Current Mailing Address:

2301 MED DENTAL CTR
2301 N UNIVERSITY DR, STE 210
PEMBROKE PINES, FL 33024738 US

New Mailing Address:

FEI Number: 65-0602502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORKSON, ELLIOT P
200 E LAS OLAS BLVD
SUITE 1900
FT LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: GERVIN, STEPHEN Z
Address: 700 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN Z. GERVIN

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date