2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

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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:

GERVIN, STEPHEN Z
2301 N. UNIVERSITY DR
SUITE 210
HOLLYWOOD, FL 33024 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 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: STEPHEN Z. GERVIN DR 03/06/2007
Electronic Signature of Signing Officer or Director Date