

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057318

FILED  
Jan 08, 2010  
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:**

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  
**Name:** GERVIN, STEPHEN Z  
**Address:** 700 WASHINGTON ST  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN Z GERVIN

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date