


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P96000078475 1. Entity Name GARY C. CHIERICO AND ASSOCIATES, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 21150 BISCAYNE BLVD. STE 408 AVENTURA, FL 33180 | Mailing Address 21150 BISCAYNE BLVD. STE 408 AVENTURA, FL 33180 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0696008 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

CHIERICO, GARY C M.D.
21150 BISCAYNE BLVD. STE 408
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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:  Gary C. Chierico, MD. / president 3-25-05
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CHIERICO, GARY C M.D. 21150 BISCAYNE BLVD. STE 408 AVENTURA, FL 33180 |
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04/30/05-80118-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE:  Gary C. Chierico, MD. 3-25-05 305 9329111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #