


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000002852</b>				
1. Entity Name <b>GARY C. KUSHNER, M.D. P.A.</b>				
Principal Place of Business <b>16800 N.W. 2ND AVE. SUITE 102 MIAMI FL 33169</b>		Mailing Address <b>16800 N.W. 2ND AVE. SUITE 102 MIAMI FL 33169</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>KUSHNER, GARY C M.D. 16800 N.W. 2ND AVE. SUITE 102 MIAMI FL 33169</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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.				



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0728010** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, GARY MD	NAME	
STREET ADDRESS	16800 NW 2ND AVE., STE 102	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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03/04/05-80047-009 150.00

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 Kushner MD PA GARY KUSHNER MD PA 3/1/05 305 651 3057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #