

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063199

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** DAVID L. GALBUT, M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

6200 SUNSET DRIVE  
604  
MIAMI, FL 331434808 US

**New Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
780  
MIAMI, FL 33137 US

**Current Mailing Address:**

6200 SUNSET DRIVE  
604  
MIAMI, FL 331434808 US

**New Mailing Address:**

4770 BISCAYNE BOULEVARD  
780  
MIAMI, FL 33137 US

**FEI Number:** 65-0768902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GITA GALBUT  
6200 SUNSET DR  
604  
MIAMI, FL 331434808 US

**Name and Address of New Registered Agent:**

GITA GALBUT  
4770 BISCAYNE BOULEVARD  
780  
MIAMI, FL 33137 US

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:

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GALBUT, DAVID L M.D.  
Address: 4770 BISCAYNE BOULEVARD STE 780  
City-St-Zip: MIAMI, FL 33137 US

Title: MRS  
Name: GALBUT, GITA  
Address: 4770 BISCAYNE BOULEVARD STE 780  
City-St-Zip: MIAMI, FL 33137 US

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: DAVID L GALBUT

DR

01/07/2011

Electronic Signature of Signing Officer or Director

Date