


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90152 049 \*\*\*150.00

<b>DOCUMENT # P98000071289</b> 1. Entity Name LOUIS H. GAVIN, P.A.					
Principal Place of Business 2300 SW 106 WAY DAVIE, FL 33324			Mailing Address 2300 SW 106 WAY DAVIE, FL 33324		
2. Principal Place of Business 2300 SW 106 WAY		3. Mailing Address 2300 S.W. 106 WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA		4. FEI Number 65-0857092	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GAVIN, LOUIS H 2300 SW 106 WAY DAVIE, FL 33324			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable)  City: FL Zip Code:		
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: <u>LOUIS H. GAVIN</u> DATE: <u>6/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GAVIN, LOUIS H 2300 SW 106 WAY DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>LOUIS H. GAVIN</u>			Date: <u>6/2/06</u> Daytime Phone #: <u>754-224-5235</u>		

ATTACHMENT

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P98000011289

WESTSIDE REGIONAL MEDICAL CENTER

8201 WEST BROWARD BLVD. - PLANTATION, FL 33324 - PHONE: 954-473-6600

DISCHARGE INSTRUCTIONS FOR << GAVIN, LOUIS >>

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

KIDNEY STONES:

Your exam shows you have had a kidney stone. Kidney stones usually form when there are high levels of calcium or uric acid in the urine; they may also result from repeated urinary infection. There is usually a great deal of pain when a stone passes from the kidney down the tube (ureter) to the bladder. Kidney stones that block the ureter completely can cause permanent damage to the kidney. Surgery or lithotripsy is necessary sometimes for larger stones.

Treatment of kidney stones usually requires pain medicine. It is also important that you drink 2-3 quarts of fluids daily to keep from getting ~~dehydrated. Hospital care and IV fluids may be needed if you have:~~

- \* Uncontrolled pain, an urinary infection, or severe blockage.
- \* Nausea and vomiting which prevent you from drinking enough fluids.

About half the patients who pass one kidney stone have a second episode. The prevention of kidney stones depends on their composition. Please use a urine filter to strain all your urine until your stone passes; then take it to your doctor so it can be analyzed. Increasing your daily fluid intake to about 2-3 quarts daily will also help prevent further stones. See your doctor for follow-up as advised. Call or go to the emergency room right away if you develop fever, more intense pain, or repeated vomiting.

ADDITIONAL INSTRUCTIONS:

FOLLOW UP WITH DR. KHAN TOMORROW

PRESCRIPTIONS:

Fill all the prescriptions ordered by your doctor and take them as directed.

- \* If you have been given an antibiotic, be sure to take all of it.
- \* Keep your drugs out of the reach of children, in a cool, dry, dark place.
- \* Don't give your medicine to other people or use it for other illnesses.
- \* Call us right away if you have problems with drug side-effects or allergy.

Bring your medicines with you any time you go to emergency for treatment.

NARCOTIC PAIN MEDICINE:

You have been prescribed a narcotic for pain relief. These drugs are usually combined with acetaminophen (Tylenol#3, Percocet, Darvocet, Anexsia, Vicodin) or aspirin (Empirin#3, Percodan, Synalgos-DC) for increased effect. Narcotics act on the central nervous system to reduce pain; they also impair mental alertness and physical abilities. We advise you not to drink alcohol, drive a car, or operate dangerous equipment when you are taking one of these drugs. Long term use of narcotic pain medications may be habit-forming.

You can lessen stomach irritation from your medicine by taking it with meals or a full glass of water. Common side effects of narcotics are: nausea and vomiting, heartburn, constipation, dizziness, sleepiness, and mood changes. If you have bothersome side effects or symptoms of an allergic reaction (itching, hives, rash), stop taking your medicine and call your doctor or the emergency room right away. Please keep your narcotic medicine well out of the reach of children.

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<< GAVIN, LOUIS >> WESTSIDE REGIONAL MEDICAL CENTER

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FOLLOW-UP CARE:

Your physician today has been DR. JERRY PARKOLAP

For follow-up care you should see your doctor or return here in \_\_\_\_ days.

When you see your doctor, bring your medicines and instructions to the office. If you had x-rays, an EKG, or lab tests today, they have been reviewed by your doctor. We will contact you at once if other important findings are noted after further review by our staff. If you do not continue to improve or if your condition worsens, please call your doctor or the emergency room right away.

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Patient or Representative Signature

Tuesday, May 02, 2006 - 03:47 PM



## Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	P98000071289
Business Entity Name	LOUIS H. GAVIN, P.A.
Original File Date	08/14/1998

FEI Number 65-0857092

Principal Address 2300 SW 106 WAY  
DAVIE, FL 33324

Mailing Address 2300 SW 106 WAY  
DAVIE, FL 33324

Registered Agent LOUIS H GAVIN  
2300 SW 106 WAY  
DAVIE, FL 33324

## Officer/Director Name And Address

PVST  
LOUIS H GAVIN  
2300 SW 106 WAY  
DAVIE, FL 33324

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in  
circumstances in which the entity did not receive prior notice. Please check  
this box if notice was not received.

If all of the above information is  
correct and you do not wish to  
make any changes, please  
select:

No Changes

If you need to make changes  
to the above information,  
please select:

Make Changes

ATTACHMENT 570020883

P98000071289

LOUIS H. GAVIN, Attorney at Law

A PERSONAL INJURY LAW FIRM

2300 SW 106 Way

Ft. Lauderdale, Florida 33324

Office: 954-424-8674

Fax: 954-424-7449

Email: legalhelp@compuserve.com

VIA: U.S. Mail

19 May 2006

Florida Department of State  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern,

I am requesting that the late fee be waived. I had a bout with kidney stones days before the deadline and actually wound up in the emergency room the next morning. I have enclosed a copy of the records for your review.

Thank you,



Lou Gavin