2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90174 001 ***150.00

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03022005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000099199

1. Entity Name
SUZANNE C. GAMBELLA, P.A.

Principal Place of Business	Mailing Address
12554 WEST SUNRISE BOULEVARD SUNRISE, FL 33323	12554 WEST SUNRISE BOULEVARD SUNRISE, FL 33323

2. Principal Place of Business		3. Mailing Address	
5100 NW 84 Road		5100 NW 84 Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Springs, FL		City & State: Coral Springs, FL	
Zip: 33067	Country: USA	Zip: 33067	Country: USA

4. FEI Number: 65-0877974 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, PETER A ESQ. 2101 NORTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33311	Name: Rose, Peter A. Esq. Street Address (P.O. Box Number is Not Acceptable): 5295 Town Center Road, Suite 300 Boca Raton, FL 33486 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: [signature] Peter A. Rose, Esq. 03/02/05
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAMBELLA, SUZANNE C DR. 12554 WEST SUNRISE BOULEVARD SUNRISE, FL 33323 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Gambella, Suzanne C Dr. 5100 NW 84 Road ~~Coral Springs, FL 33067~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Dr. Susan C. Gambella, President 03/02/05 954-752-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #