2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034756

1. Entity Name

WILLIAM A GERSON, D.O., P.A.



FILED Mar 13, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8900 N.E 10TH AVE MIAMI, FL 33138 8900 N.E 10TH AVE MIAMI, FL 33138



DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2

CR2E034 (11/05)

4. FEI Number 65-0912294 Applied For Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GERSON, WILLIAM A 8900 NE 10 AVE MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

			The same of the state of the	· 是基本基础的重量的 [1] 对自由,使用数据,同时对于
	named entity submits this statement for the p lions of registered agent.	urpose of changing its register	ed office or registered agent, or be	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.		L. Frank MOTE Barbara		DATE
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registere	d Agent signature required when reinstaling)	DAIE
		Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	U00000857176 03/31/08-80004-007 150.00
10.	OFFICERS AND DIREC	TORS		医强调器性畸胎 网络时间的现在分词
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERSON, WILLIAM A 8900 N.E. 10 AVE MIAMI, FL 33138			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT, WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME			in the second	

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.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

NIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davrime Phone 8