


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000034756

1. Entity Name
 WILLIAM A GERSON, D.O., P.A.



Principal Place of Business 8900 N.E 10TH AVE MIAMI, FL 33138	Mailing Address 8900 N.E 10TH AVE MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0912294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000857176
 03/31/08-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERSON, WILLIAM A 8900 N.E. 10 AVE MIAMI, FL 33138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: W. Gerson 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #