

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2005  
Secretary of State**

DOCUMENT# P99000102923

Entity Name: GYNECOLOGY OF AVENTURA INC.

**Current Principal Place of Business:**

C/O SBAS  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SBAS  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0963942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHEDIAK, MIRTA  
1152 N UNIVERSITY DR  
STE 202  
PEMBROKE PINES, FL 33024 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GOLDSMITH, CHARLES L  
Address: 2845 AVENTURA BLVD. #246  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES GOLDSMITH

DR.

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date