

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102923

FILED
Jan 17, 2006
Secretary of State

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 Chapter 119, 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

D

01/17/2006

Electronic Signature of Signing Officer or Director

Date