

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102923

Entity Name: GYNECOLOGY OF AVENTURA INC.

FILED  
May 02, 2007  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328

## Current Mailing Address:

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

## New Mailing Address:

% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328

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:

CHEDIAK, MIRTA  
% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328 US

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: MIRTA CHEDIAK

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D (X) Change ( ) Addition  
Name: GOLDSMITH, CHARLES L  
Address: 2845 AVENTURA BLVD ~ 246  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date