2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102923

Entity Name: GYNECOLOGY OF AVENTURA INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% SOUTH BROWARD ACCTNG SVCS

5599 S UNIVERSITY DRIVE ~ STE 306

DAVIE, FL 33328

21097 N E 27TH COURT
SUITE 590
AVENTURA, FL 33180

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: GOLDSMITH, CHARLES L Name: GOLDSMITH, CHARLES L

2845 AVENTURA BLVD ~ 246 Address: 21097 NE 27 COURT #590 AVENTURA, FL 33180 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 L GOLDSMITH PRES 04/30/2008