

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90056 003 ***150.00

DOCUMENT # S77082

1. Entity Name

DR. GAIL S. GOLDEN, P.A.



Principal Place of Business

111 NW 183RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33169
US

Mailing Address

2000 ISLAND BLVD
APT #1608
AVENTURAL FL 33160
US

2. Principal Place of Business

3. Mailing Address

1990 N.E. 163 St.

3644 FLAMINGO DR

Suite, Apt., etc.

Suite, Apt., etc.

106

PA

City & State

City & State

N. MIAMI BEACH FL

MIAMI BEACH, FL

Zip 33162

Country USA

Zip 33140

Country USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0285852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, GAIL D.C.
111 N.W. 183 ST. #300
N. MIAMI FL 33169

7. Name and Address of New Registered Agent

Name GOLDEN, GAIL, D.C.

Street Address (P.O. Box Number is Not Acceptable)

3644 FLAMINGO DR.

City

MIAMI BEACH

FL

Zip Code

33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDEN, GAIL, D.C. ☒ Delete
STREET ADDRESS 2000 ISLAND BLVD SUITE 1608
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME GAIL GOLDEN, D.C. ☒ Change ☐ Addition
STREET ADDRESS 3644 FLAMINGO DR.
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/04

305 944 3434