

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F88955

**Entity Name:** GAIL RUBIN KWAL, M.D., P.A.

**Current Principal Place of Business:**

% GAIL RUBIN KWAL  
4090 NW 24 WAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

% GAIL RUBIN KWAL  
4090 NW 24 WAY  
BOCA RATON, FL 33431 US

**FEI Number:** 59-2202035

**Certificate of Status Desired:** No

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

KWAL, GAIL RUBIN  
4090 NW 24 WAY  
BOCA RATON, FL 33431 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

**Officer/Director Detail :**

Title DP  
Name KWAL, GAIL RUBIN MD  
Address 4090 NW 24 WAY  
City-State-Zip: BOCA RATON FL 33431

*I hereby 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 all other like empowered.*

**SIGNATURE:** GAIL RUBIN KWAL

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date