FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90019 005 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 546993 1. Corporation Name

SIGNATURE: Y

MARK W. GORDON, M.D., P.A.

1415 411 41	Gollock, Months									
Principal Place	of Business	Mailing Address				3 Ellis 61616 61116 16116 seres :				
2301 N. UNIVERSITY DRIVE. SUITE 203 2301 N. UNIVERSITY DRIVE				03			•			
PEMBROKE PINES FL 33024-3617 PEMBROKE PINES FL 33024						DO NOT WRITE IN THIS SPACE				
					3. Date incor	rporated or Qualifed	· · · · · · · · · · · · · · · · · · ·		7	
					09/01/1	977				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numb	er		Applied For] .:.	
21		26			59-1773	1668		Not Applicable	ļ.,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired		Additional	1	
22		27						Required	-	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intaggible				
Zip	Country		30	иу	· ·	oration owes the current Property Tax.	Yes Mangule	□No		
24	9. Name and Address of Current		30			d Address of New Reg			1	
· · ·	5. Italie and Address of Current	regiotered rigoni		81 Name					1	
GOR	DON, MARK W.		1	00 04	Address /D.O. Boy No	umber in Net Acceptable	<u>,, , , , , , , , , , , , , , , , , , ,</u>		-	
2301)3		82 Street Address (P.O. Box Number is Not Acceptable)			7) Harina e Alexticado	e e i autorient			
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				84 City			FL 1 1	o Gode		
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE:	: Registered /		e required when reinstating) ,		DATE DIDECT	TORS IN 12	 - §	
12.	OFFICERS AN		13.		AUDITIONS	S/CHANGES TO OFFIC	Chang		1 3	
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NAME	GORDON,MARK W.		1.2 NA						8	
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NAME			6.2 NA			. :	,			
			6.3 STI	REET ADDRES	S !				1	

6.4 CITY-ST-ZIP 14. 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 annual report or supplierhental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.