

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90001 006 \*\*\*150.00

DOCUMENT # **600326**

1. Corporation Name

**FLAGLER MEDICAL ASSOCIATES, P.A.**

Principal Place of Business  
**2801 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407**

Mailing Address  
**2801 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1967**

4. FEI Number

**59-1199726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**RATTINGER, MARK D. M.D.  
2801 N. FLAGLER DR.  
WEST PALM BCH FL 33407**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **RATTINGER, MARK D**  
STREET ADDRESS **2801 N. FLAGLER DR.**  
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **V** ☐ DELETE  
NAME **STEINBERG, ROBERT A.**  
STREET ADDRESS **2801 N. FLAGLER DR.**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE **T** ☐ DELETE  
NAME **ROTHMAN, DAVID L.**  
STREET ADDRESS **2801 N FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 supplemental 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

394400-92001-6  
600326

**HAGEDORN BUSINESS SERVICES, INC.**  
**1520 10TH AVENUE NO., SUITE E**  
**LAKE WORTH, FL 33460**  
**(561) 585-0038**  
**FAX (561) 585-0950**

July 19, 1999

Division of Corporations  
Annual Reports Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: Flagler Medical Associates, PA  
Document # 600326

Gentleman:

The above referenced client has requested we write a letter requesting abatement of late fee on the filing of the annual report. The client never received the initial filing report therefore, did not realize it was due until they received the second notice.

Enclosed please find check in the amount of \$150.00 which is the regular fee for the filing.

Thank you for your cooperation in this matter.

Sincerely,

*Trish Hagedorn*

Trish Hagedorn  
Bookkeeper