

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601214 (0)

1. Corporation Name

MICHAEL S. GORDON, INC.



Principal Place of Business

1150 N W 14TH STREET
MIAMI FL 33136

Mailing Address

1150 N W 14TH STREET
MIAMI FL 33136

3. Date Incorporated or Qualified
07/10/1969

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 One Grove Isle Dr.

26 One Grove Isle Dr.

4. FEI Number
59-1268841

Applied For

Not Applicable

22 Suite, Apt. #, etc.
#1003

27 Suite, Apt. #, etc.
#1003

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Coconut Grove, FL

28 City & State
Coconut Grove, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33133

25 Country
US

29 Zip
33133

30 Country
US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, MICHAEL S., M.D.
1150 NW 14 ST
STE 700
MIAMI FL 33136

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 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent Signature required when running for

(NOTE: Registered Agent Signature required when running for

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME GORDON, MICHAEL S	1.2 NAME
3. STREET ADDRESS 1150 N.W. 14TH ST.	1.3 STREET ADDRESS
4. CITY - ST - ZIP MIAMI FL	1.4 CITY - ST - ZIP
5. TITLE TS	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME GORDON, MICHAEL S	2.2 NAME
7. STREET ADDRESS 1150 N.W. 14TH ST.	2.3 STREET ADDRESS
8. CITY - ST - ZIP MIAMI FL	2.4 CITY - ST - ZIP
9. TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY - ST - ZIP	3.4 CITY - ST - ZIP
13. TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY - ST - ZIP	4.4 CITY - ST - ZIP
17. TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY - ST - ZIP	5.4 CITY - ST - ZIP
21. TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY - ST - ZIP	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/20/96

305-243-6491

DATE

Daytime Phone #

CR2E034 (12/95)