

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

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AND  
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**95 APR 21 PM 1:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 210139 (2)**

1. Corporation Name  
**FLAGLER MEDICAL ARTS BUILDINGS, INC.**

Principal Place of Business      Mailing Address

**ELWYN L MIDDLETON  
218 WORTH AVENUE  
PALM BEACH FL 33480**

**ELWYN L MIDDLETON  
218 WORTH AVENUE  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/27/1958**      **03/10/1994**

4. FEI Number      Applied For  
**59-0875520**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Election Campaign Financing       **\$5.00** May Be Added to Fees  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**GILLER, REGINA  
218 WORTH AVE  
PALM BEACH FL 33480**

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 607.0304, Florida Statutes.

SIGNATURE: *Regina K. Giller*      (NOTE: Registered Agent signature required when registering)      DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | <b>P</b>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GILLER, REGINA R</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>218 WORTH AVE.</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>PALM BEACH FL</b>    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>REICH, SHYLA</b>     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>218 WORTH AVE.</b>   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>PALM BEACH FL</b>    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>S</b>                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WATSON, BARBARA</b>  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>218 WORTH AVE.</b>   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>PALM BEACH FL</b>    | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b>                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GILLER, REGINA R</b> | 4.2 NAME  |   |
| STREET ADDRESS             | <b>218 WORTH AVE.</b>   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>PALM BEACH FL</b>    | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| 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 included 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 addition with an address.

SIGNATURE: *Regina K. Giller*      Date: **April 17/95**      407.655.5150

**REGINA K. GILLER**      (Typed Name)