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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 210139

1. Corporation Name

FLAGLER MEDICAL ARTS BUILDINGS, INC.

Principal Place of Business Mailing Address	T (BBICE 1108) ICOL: BOLOT FIRMO ICHO DOLL BIBLI BIBLI BIBLI BIBLI BIBLI FIRMI
REGINA R. GILLER 118 E JEFFERSON ST	
218 WORTH AVENUE 218 WORTH AVENUE	
PALM BEACH FL 33480 ORLANDO FL 32801	DO NOT WRITE IN THIS SPACE
US US 3.	Date Incorporated or Qualifed O2/27/1958
2. Principal Place of Business 2a. Mailips, Address 4	I. FEI Number Applied For
21 26 18 E. Setteran St.	59-0875520 Not Applicable
Suite Ant # etc .	\$8.75 Additional
27	Fee Required
City & State City & State 6	5. Election Campaign Financing \$5.00 May Be
23 28 () (aud), + 1	Trust Fund Contribution Added to Fees
	3. This corporation owes the current year Intangible
24 25 29 20 80 30	Personal Property Tax. X Yes □No
3. Numb dire realises of services). Name and Address of New Registered Agent
GILLER,REGINA 81 Name	
218 WORTH AVE	(P.O. Box Number is Not Acceptable)
DALLA BELON EL 00400	to the desire and the constitute of the first that the second of the sec
PALM BEACH FL 33480	《沙沙·李·斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯
84 City	85 Zin Code
	FL 00 25 555
.11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation	board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's p	
11. Pursuant to the provisions of Sections but 1.052 and 607.1506, Florida Statutes, the abover-lamber corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation is be agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	•
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
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
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SIGNATURE:

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 feativer 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 or any attachment with an address with all other like empowered.

FILED

Feb 12, 1999 8:00 am Secretary of State

02-12-1999 90003 008 ***150.00