

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 DEC -8 7:11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 524600 (4)
 1. Corporation Name
GOLD COAST HEALTH CENTER, INC.



REINSTATEMENT 97a
 DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3370 NORTHWEST 47TH TERRACE
 LAUDERDALE LAKES FL 33319-6701**

Mailing Address
**3370 NORTHWEST 47TH TERRACE
 LAUDERDALE LAKES FL 33319-6701**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified **01/24/1977**
 3a. Date of Last Report **06/14/1996**
 4. FEI Number **59-1812826**
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**LAMPERT, GARY
 3370 N.W. 47TH TERRACE
 LAUDERDALE LAKES FL 33319**

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 607.0506, Florida Statutes.

SIGNATURE *Gary Lampert*
 Signature, typed or print name of registered agent and fee if applicable

(NOTE - Registered Agent signature required when reinstating)

12/4/97
 DAY

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAMPERT, IRVING (MR.)	
STREET ADDRESS	3370 NW 47 TERR, LAUDERDALE LKS FL	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LAMPERT, E. LOUISE (MRS)	
STREET ADDRESS	3370 NW 47 TERR. LAUDERDALE LKS FL	
CITY-ST-ZIP		
TITLE	P & S	<input type="checkbox"/> DELETE
NAME	Lampert, Gary	
STREET ADDRESS	3370 NW 47th Terr. Lauderdale LKS FLA, 33319	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ****750.00 ****750.00

14. I do hereby certify that the information furnished with this filing is not in violation of the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true, correct, 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; that I am authorized 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.

Gary Lampert

CR2E034 (4/97)