

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
Division of Corporations

DOCUMENT # 601315 (5)

BIE, P.A.

APPROVED
AND
FILED

95 MAY -1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

513 US N 1 STE 102
N. PALM BEACH FL 33408

Mailing Address

513 US N 1 STE 102
N. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation/Qualification 08/25/1969	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1290335	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. The corporation has liability for intangible tax under the 1991 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State App. # etc.	26. State App. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

BIE, EUGENE F.
513 US NO 1 STE 102
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 607.1505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	PDT
NAME	BIE, EUGENE F.
STREET ADDRESS	102 LAKEVIEW BLVD., SUITE 102
CITY, ST, ZIP	N. PALM BEACH FL
TITLE	VP
NAME	BIE, MARILYN
STREET ADDRESS	102 LAKEVIEW BLDG.
CITY, ST, ZIP	N. PALM BEACH FL
TITLE	VP
NAME	BIE, TIMOTHY
STREET ADDRESS	102 LAKEVIEW BLDG
CITY, ST, ZIP	N PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Section 607.0801, 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 I were 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 of this report as an attachment with authority.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EUGENE F. BIE, President and Director

4/28/95

407-622-9319

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1995



FLORIDA DEPARTMENT OF STATE
TAMPA & BIRMINGHAM
TWO FIDELITY BUILDING
300 N. ALI DR., SUITE 1000
TAMPA, FL 33602-1000

APPROVED
AND
FILED

9:11 AM - MAY 1 1995

CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

DOCUMENT # 601533

(3)

DRS. GLICK, BAER & SAFINSKI, M.D., P.A.

7800 S.W. 87TH AVENUE #120
MIAMI FL 33173

7800 S.W. 87TH AVENUE #120
MIAMI FL 33173

DATE OF REPORT

3. Date of Report (For 1995) 3a. Date of Last Report
10/09/1999 05/01/1994

4. FEE Number 59-1273030 Applied For Not Applicable

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

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

8. This corporation has liability for obligations under the Florida Statutes. Yes No

2. Foreign Office of Incorporation 2a. Mailing Address
21. State of Incorporation 26. State of Incorporation
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

GLICK, HENRY I.
7800 S.W. 87TH AVENUE #120
MIAMI FL 33173

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 Chapter 190, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office to the address reported on this report. The 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 Chapter 190, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	GLICK, HENRY I.	NAME	
STREET ADDRESS	7800 S.W. 87TH AVE. #120	STREET ADDRESS	
CITY & STATE	MIAMI FL	CITY & STATE	☐ Change ☐ Addition
TITLE	D	TITLE	
NAME	BAER, KENNETH	NAME	
STREET ADDRESS	7800 S.W. 87TH AVE. #120	STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	MIAMI FL	CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	

14. I certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the record, as stated in Section 190.01(1), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature substantiates this certification. If any change is made to the information on this report, the corporation or the registered agent is required to file a report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Kenneth A. Baer* Kenneth A. Baer, M.D. 4/28/95 305-274-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR