

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90048 015 ***150.00

DOCUMENT # G45612

1. Corporation Name
FLEISHER AND GORDON, INC.

Principal Place of Business
% MARK W. GORDON
2301 N. UNIVERSITY DRIVE. #203
PEMBROKE PINES FL 33024

Mailing Address
% MARK W. GORDON
2301 N. UNIVERSITY DRIVE. #203
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1983

4. FEI Number

59-2323420

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business *Joel Fleisher*
21 1301 PISGAH ROAD
Suite, Apt. #, etc.

2a. Mailing Address *Joel Fleisher*
26 1301 PISGAH ROAD
Suite, Apt. #, etc.

23 GREENEVILLE, TENN
City & State

28 GREENEVILLE, TENN
City & State

24 37743
Zip Country

29 37743
Zip Country

9. Name and Address of Current Registered Agent

GORDON, MARK W
2301 N. UNIVERSITY DR., #203
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
ADAM FLEISHER
82 Street Address (P.O. Box Number is Not Acceptable)
5160 SW 40 AVE APT 22D
83
84 City
FT LAUDERDALE FL 85 Zip Code
33314

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 607.0505, Florida Statutes.

SIGNATURE *Joel Fleisher*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLEISHER, JOEL MD
STREET ADDRESS 16200 E TROON CIRCLE
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

TITLE STD
NAME GORDON, MARK W., M.D.
STREET ADDRESS 1948 N OAK HAVEN CIRCLE
CITY-ST-ZIP N. MIAMI BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST D ☒ Change ☐ Addition
1.2 NAME FLEISHER, JOEL MD
1.3 STREET ADDRESS 1301 PISGAH ROAD
1.4 CITY-ST-ZIP GREENEVILLE, TENN 37743

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: X *Joel Fleisher* JOEL FLEISHER, M.D. X 4/12/99

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (11/98)

U144468