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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 PISGAH ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 1301 PISGAH ROAD Suite, Apt. #, etc.
22	27
23 City & State GREENEVILLE TENN	28 City & State GREENEVILLE TENN
24 Zip 37743	29 Zip 37743
25 Country	30 Country

3. Date Incorporated or Qualified 06/15/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2323420	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

85 Zip Code
FL 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: *Voluntary* **4/16/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FLEISHER, JOEL MD	1.1 TITLE PSTD	1.2 NAME FLEISHER, JOEL MD
STREET ADDRESS 16200 E TROON CIRCLE	CITY-ST-ZIP MIAMI LAKES FL	1.3 STREET ADDRESS 1301 PISGAH ROAD	1.4 CITY-ST-ZIP GREENEVILLE, TENN 37743
TITLE STD	NAME GORDON, MARK W., M.D.	2.1 TITLE	2.2 NAME
STREET ADDRESS 1948 N OAK HAVEN CIRCLE	CITY-ST-ZIP N. MIAMI BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 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 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: *Joel F. Fleisher* **JOEL FLEISHER, M.D.** X **4/12/99**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (11/98)