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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G48431 (2)

1. Corporation Name

FLICKER, PAUL, GOLDBERG & KELLER, M.D., P.A.

Principal Place of Business

Mailing Address

14338 SW 88TH AVENUE
MIAMI FL 33176

14338 SW 88TH AVENUE
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1983

4. FEI Number

59-2305258

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

2. Principal Place of Business

21 8750 SW 144 Street

Suite, Apt. #, etc.

22 #100

City & State

23 Miami, FL

Zip

24 33176

Country

25 USA

26. Mailing Address

26 8750 SW 144 Street

Suite, Apt. #, etc.

27 #100

City & State

28 Miami, FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

FLICKER, KENNETH, M.D.
14338 SW 88TH AVE.
MIAMI FL 33176

(check
of
address
only)

10. Name and Address of New Registered Agent

81 Name Flicker, Kenneth, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 8750 SW 144 Street
84 Suite #100
85 City Miami FL 33176

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TO
KELLER, LINDA
STREET ADDRESS 14338 SW 88TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PD
PAUL, PHILLIP
STREET ADDRESS 14338 SW 88TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VD
GOLDBERG, NORMAN
STREET ADDRESS 14338 SW 88TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME KELLER, Linda
13 STREET ADDRESS 8750 SW 144 Street, Suite #100
14 CITY-ST-ZIP Miami, FL 33176

2.1 TITLE ☒ Change ☐ Addition

22 NAME Paul, Philip
23 STREET ADDRESS 8750 SW 144 Street, Suite #100
2.4 CITY-ST-ZIP Miami, FL 33176

3.1 TITLE ☒ Change ☐ Addition

32 NAME Goldberg, Norman
33 STREET ADDRESS 8750 SW 144 Street, Suite #100
3.4 CITY-ST-ZIP Miami, FL 33176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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.

SIGNATURE

Sandra C. Mortham MD

Linda C. Keller MD 46248 (305)253-5585

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