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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J40687 (2) GOLD COAST MEDICAL GROUP, INC.										
Principal Place of Business Mailing Address							(DIEN ONN GLOU BU		ANDIA HEBY
2280 WEST ATLANTIC AVE 2280 WEST AT DELRAY BEACH FL 33445 DELRAY BEACH				ATLANTIC AVE ACH FL 33445-4637						
						<u> </u>	 Date Incorporated or Qualified 11/03/1986 	3a. Date of 1		port :
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number	Applied For		
21 Culta Act	# ata	26					59-2735791 Not Applicable			
Sulte, Apt.	π, etc.	Suite, Apt. #, etc.					Certificate of Status Desired	1 7 "	. / 	
City & Stat	le	City & State					6. Election Campaign Financing			May Be
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution			o Fees
Zip	Country	Zip		Count	ry		B. This corporation has liability for		ider s.	199.032,
24	25 Name and Address of Curre	29 ani Registered Ar	neni	30			Florida Statutes L. D. Name and Address of New Re	Yes No		
		om negationed A	you.	8	1 Name		0. Name and Address of New Yor	giotoiou rig		
CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL 33434				8		Address	(P.O. Box Number is Not Acceptab	le)		
				8	4 City			FL 85	Zip C	ode
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	502 and 607.1508, te of Florida. Such gations of, Section	Florida Statut change was 607.0505, Fk	les, the abo authorized to orida Statute	ve-named c by the corpo	corporat oration's	ion submits this statement for the p board of directors. I hereby accep		ging its ent as i	registered registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,								į
	Signature, typod or printed name of registered a		a (NO1		gent signature re	equired wh		DATE	OTOD.	
12. TITLE	PTD OFFICERS AI	ND DIRECTORS	DELETE	13.	····		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		S IN 12 Addition
NAME	CHODOS, ARTHUR R.			1.2 NAME						
STREET ADORESS	2629 N.W. 27TH TERRACE			1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY	-S1-2(P					1
TITLE			DELETE	2.1 TITLE				☐ Cr	ange	Addition
NAME				2.2 NAME						ļ
STREET ADDRESS				2.3 STRE	ET ADDRESS					
CITY-ST-ZIP				2 4 CiTY	- ST - ZIP					
TITLE		İ	DELETE	. 31 111LE			:	☐ Ch	ange	☐ Addition
NAME				3.2 NAME						
STREET ADDRESS	i				1 ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY				☐ Ch		Addition
TITLE		ļ		4.1 TITLE					ฐเนีย] Addition
NAME				4.2 NAM						
STREET ADDRESS				1	T ADDRESS					-
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 5.1 TITLE	01- EIF			☐ Ch	ange	Addition
NAME		•		5.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CITY-	1					
TITLE			DELETE	6.1 TITLE				☐ Ch	ange	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	1 ADDRESS					

UITY-ST-ZIP

14. I do 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.