## 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

## **DOCUMENT #** J40687

GOLD (	COAST MEDICAL GROUP, INC	•				
Principal Plac	e of Business	Mailing Address				ik eidki didii didik bidik bidii 1991
2280 WEST ATLANTIC AVE 2280 WEST ATLANTIC AVE						
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					DO NOT WRITE IN TH	HIS SPACE
``					3. Date Incorporated or Qualifed	, , ,
					11/03/1986	
2. Principal F	lace of Business	2a. Mailing Address	• .		4. FEI Number	Applied For
21	· •	26 ·			59-2735791	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	ie ·	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Countr	·	Trust Fund Contribution	Added to Fees
24	25	<b>⊢</b> ·	30	,	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	No □No
	9. Name and Address of Current R			<u> </u>	10. Name and Address of New Register	
	11/3/2015		81	1 Name		
	DOS, ARTHUR R.		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	N.W. 27TH TERRACE	1	["	- Ollock Mode	A STATE OF THE ASSESSMENT WAS A STATE OF THE ASSESSMENT	in the second manking growth the transfer the second second
BOC	CA RATON FL 33434		83	3	· · · · · · · · · · · · · · · · · · ·	
			84	4 City	्राप्त है	85 Zip Code
	Garage To	يران مريوات مجمعة والمرسا				
'11 Directiont	to the provisions of Sections 607 0502 a	and 607 1508 Florida Statute	se tha ahou	ve-named com	poration cubmits this statement for the number	
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I	and 607.1508, Florida Statute Florida. Such change was au	es, the about thorized by	ve-named corp y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent: I a	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I im familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was au ns of, Section 607.0505, Flori	es, the abov uthorized by ida Statute	ve-named corp y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	or crianging its registered pointment as registered
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I rm familiar with, and accept the obligation Signature, typed or printed name of registered agent an	ns of, Section 607.0505, Flori	ida Statute	s.	poration submits this statement for the purpose on's board of directors. I hereby accept the apparent of the purpose of the pu	or changing its registered pointment as registered
agent: I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Floring the fapplicable. (NOTE: DIRECTORS	ida Statute	s.		
agent: I a	rn familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I	ns of, Section 607.0505, Flori	ida Statute Registered Age	ent signature require	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	
agent: I a SIGNATURE 12.	rn familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.	ns of, Section 607.0505, Floring the fapplicable. (NOTE: DIRECTORS	Registered Age	ent signature require	ed when reinstating), 52,525	AND DIRECTORS IN 12
agent, I a SIGNATURE  12. TITLE	rn familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring the fapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent: I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	rn familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.	ns of, Section 607.0505, Floring the frapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent signature require ent ADDRESS ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
agent: I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring the fapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	ent signature require	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
agent: I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring the frapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature require  ET ADDRESS  ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
agent: I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring the frapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ent signature require ET ADDRESS ST-ZIP ET ADDRESS	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
agent: I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
agent: I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring the frapplicable. (NOTE: DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ent signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an  OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ad when reinstading) , பிற்ற DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ad when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  TITLE  NAME:  TITLE	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE  BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE	Table   Tabl	ent signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ad when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent: I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE	Title	ent signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ad when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  TITLE  NAME:  TITLE	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE	Title	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ad when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	ns of, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE	Title	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  SY-ZIP  ET ADDRESS  SY-ZIP	ad when reinstating).  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
agent: 1 a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent an OFFICERS AND I PTD CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE BOCA RATON FL	IS OF, Section 607.0505, Floring title if applicable. (NOTE: DIRECTORS DELETE    DELETE   DELETE     DELETE	Title	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ST-ZIP  ET ADDRESS -ST-ZIP	ad when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  TITLE	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE  BOCA RATON FL	IS OF, Section 607.0505, Floring title if applicable. (NOTE: DIRECTORS DELETE    DELETE   DELETE     DELETE	Title	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  SY-ZIP  ET ADDRESS  SY-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE  BOCA RATON FL	Sof, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Title	ent signature require  ET ADDRESS  ST-ZIP	ad when reinstating).  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE  BOCA RATON FL	IS OF, Section 607.0505, Floring title if applicable. (NOTE: DIRECTORS DELETE    DELETE   DELETE     DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 5.4 CITY-1 6.1 TITLE 5.5 NAME 5.6 CITY-1 6.1 TITLE	ent signature require  ET ADDRESS  ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R.  2629 N.W. 27TH TERRACE  BOCA RATON FL	Sof, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ent signature require  ET ADDRESS  ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	In familiar with, and accept the obligation  Signature, typed or printed name of registered agent an OFFICERS AND I  PTD  CHODOS, ARTHUR R. 2629 N.W. 27TH TERRACE  BOCA RATON FL	Sof, Section 607.0505, Floring title of applicable. (NOTE: DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition 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:

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90007 037 \*\*\*150.00