FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JAN 25 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002214 (5)

1. Corporation Name
GOLD COAST MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2866 WATERFORD DRIVE SOUTH DEERFIELD BEACH FL 33442	% CLIFF GELBER ~~265 NW 180TH ST. STE. 204~~ ~~MIAMI FL 33169~~ 2201 NW 30TH PLACE, STE A POMPANO BEACH FL. 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1993	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0413057	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 501(C)(6) ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 2201 NW 30TH PLACE
22 Suite, Apt. #, etc.	27 SUITE A
23 City & State	28 POMPANO BEACH, FL
24 Zip / 25 Country	29 33069 / 30 USA

9. Name and Address of Current Registered Agent

MACINA, ROBERT P
515 EAST LAS OLAS BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, DON Y	1.2 NAME	
STREET ADDRESS	2866 WATERFORD DR. SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, THOMAS E	2.2 NAME	
STREET ADDRESS	2866 WATERFORD DR. SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MACINA, ROBERT P	3.2 NAME	
STREET ADDRESS	2866 WATERFORD DR. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	GELBER, CLIFFORD S	4.2 NAME	
STREET ADDRESS	2866 WATERFORD DR. SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	ROVERE, RICHARD L	5.2 NAME	
STREET ADDRESS	2866 WATERFORD DR. SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-26-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifford S. Gelber CLIFFORD S GELBER 1/18/95 305-969-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044809