

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002214 (5)

1. Corporation Name

GOLD COAST MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

2886 WATERFORD DRIVE SOUTH
DEERFIELD BEACH FL 33442

Mailing Address

2201 NW 30TH PLACE
SUITE A
POMPANO BEACH FL 33069
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
05/14/1993

3a. Date of Last Report
01/24/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

CLIFFORD S. GELBER

82 Street Address (P.O. Box Number is Not Acceptable)

2201 NW 30TH PLACE

83

SUITE A

84 City

POMPANO BEACH FL

85 Zip Code

33069

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE

CLIFFORD S. GELBER

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

(NOTE: Registered Agent signature required when reinstating)

6/9/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STANTON, DON Y
STREET ADDRESS 2886 WATERFORD DR. SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD
NAME WALKER, THOMAS E
STREET ADDRESS 2886 WATERFORD DR. SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D
NAME MACINA, ROBERT P
STREET ADDRESS 2886 WATERFORD DR. SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE TD
NAME GELBER, CLIFFORD S
STREET ADDRESS 2886 WATERFORD DR. SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD
NAME ROVERE, RICHARD L
STREET ADDRESS 2886 WATERFORD DR. SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

200001874352
-06/25/96--01034--018
***\$1.25

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFFORD S. GELBER

Date

Daytime Phone #

CR2E037 (3/96)