

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000042929 (8)
 1. Corporation Name
GARY M. FLAX, M.D., P.A.



Principal Place of Business 4030-A SHERIDAN ST HOLLYWOOD FL 33021 US	Mailing Address 4030-A SHERIDAN ST HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6201 S.W. 56 CT.	26 6201 S.W. 56 CT.			06/10/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0417872	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
DAVIE, FL.		DAVIE, FL.		\$8.75 Additional Fee Required	
23 Zip		24 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33314		USA		\$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent
**FLAX, GARY M. M.D.
 4030-A SHERIDAN ST
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	FLAX, GARY M. M.D.
82 Street Address (P.O. Box Number is Not Acceptable)	6201 S.W. 56 CT.
83	
84 City	DAVIE FL
85 Zip Code	33314

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 *Gary M. Flax, M.D.* **GARY M. FLAX, M.D.** **PRESIDENT** **1/31/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLAX, GARY M. M.D.	
STREET ADDRESS	4030-A SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLAX, GARY M. M.D.	
1.3 STREET ADDRESS	6201 S.W. 56 CT.	
1.4 CITY-ST-ZIP	DAVIE, FL. 33314	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an amendment with an address.

SIGNATURE: *Gary M. Flax, M.D.* **GARY M. FLAX, M.D.** **PRESIDENT** **1/31/98**

CR2E034 (10/97)