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Secretary of State

03-09-1999 90046 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042929

1. Corporation Name

GARY M. FLAX, M.D., P.A.

Principal Place of Business

6201 S.W. 56 CT
DAVIE FL 33314
US

Mailing Address

6201 S.W. 56 CT
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

4. FEI Number

65-0417872

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1500 OCEAN DRIVE

Suite, Apt. #, etc.

22 APT. # 1006

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 1500 OCEAN DRIVE

Suite, Apt. #, etc.

27 APT. # 1006

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

FLAX, GARY M MD
6201 S.W. 56 CT
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

FLAX GARY M. MD

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

1500 OCEAN DRIVE

83 APT. # 1006

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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.

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

(NOTE: Registered Agent signature required when reinstating)

2/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
FLAX, GARY M M.D
STREET ADDRESS
6201 S.W. 56 CT
CITY-ST-ZIP
DAVIE FL 33314

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 1500 OCEAN DRIVE, APT. 1006

1.4 CITY-ST-ZIP MIAMI BEACH, FL. 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary M. Flax, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99

Date

305-695-0342

Daytime Phone #

CR2E034 (1/1/98)