

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000036136 (7)

1. Corporation Name

GOLD COAST HEALTH, INC.



Principal Place of Business

3050 BISCAYNE BLVD. STE. 700
MIAMI FL 33137

Mailing Address

3050 BISCAYNE BLVD. STE. 700
MIAMI FL 33137

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

10/03/1995

4. FEI Number

65-0515801

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33131

81 Name

David E. Marko, Esq.

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

One Biscayne Tower, Suite 2600

83

2 S. Biscayne Blvd.

84 City

Miami

FL

85

Zip Code
33131

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

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

(NOTE: Registered Agent signature required when re-stating)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MELTZER, BARRY	3050 BISCAYNE BLVD. STE. 701	MIAMI FL 33137	<input checked="" type="checkbox"/>
T	MCDONALD, MATTHEW	3050 BISCAYNE BLVD. STE. 701	MIAMI FL 33137	<input checked="" type="checkbox"/>
S	TIFFANY, SUSAN	3050 BISCAYNE BLVD. STE. 701	MIAMI FL 33137	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
P	LeClainche, Jeremy	3050 Biscayne Blvd # 700	Miami, FL 33137	<input checked="" type="checkbox"/>
S/T	Telleflier, Mike	3050 Biscayne Blvd # 700	Miami, FL 33137	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 607, 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

4.30.96

Date

305/57-2900

Daytime Phone #

CR2E034 (12/95)