DOCUMENT # P96000023295 (4)     GARY J. FELSBERG, M.D., P.A      Principal Place of Business     Making Address     Making Address     Making Address     Making Address     Size ST. ANKES DRIVE     BOCA RATON FL.33496-2516      Principal Place of Business     Za. Mailing Address     Za. M	y of State
1997       Division of CORPORATIONS       Secretar         DOCLUMENT # P96000023295 (4) GARY J. FELSBERG, M.D., P.A.	Date of Last Report Applied For Not Applicable S8.75 Additional Fee Required S5.00 May Be Added to Fees ible tax inder s. 199.032, No
DOCUMENT #       P96000023295 (4)         1. Corporation Name       GARY J. FELSBERG, M.D., P.A.         Pincipal Place of Business       Maling Address         Bit ST. ANKES DRIVE BOCA RATON FL 33485       Sitz ST. ANKES DRIVE BOCA RATON FL 33485-2516         2. Principal Place of Business       312 ST. ANKES DRIVE BOCA RATON FL 33485-2516         3. Date Incorporated or Qualified 33/14/19966       38         2. Principal Place of Business       2a. Malling Address         1. Suite Apt. # etc.       2a. Malling Address         2. Principal Place of Business       2a. Malling Address         1. Suite Apt. # etc.       Suite Apt. # etc.         2. Principal Place of Business       2a. Malling Address         1. Suite Apt. # etc.       Suite Apt. # etc.         2. Principal Place of Business       2a. Malling Address         3. Name and Address of Current Reglatered Agent       10. Name and Address of New Reglatered Agent         4. REL PORT & WARREN 201 S. BISCATHE BLVD, SUITE 2400 MIAMI FL 33131       300         11. Pursuant to the provisions of Sectors 007 0502 and 607 1508, Florida Statutes, the above-named corporation submits its statement for the purpoor other or registered Agent of Nome Reglatered Agent Statutes, the above-named corporation submits its statement for the purpoor other or registered Agent of Nome Reglatered Agent Statutes, the above-named corporation submits its statement for the purpoor othere or registered Agent of Nome Reglatered Agent Statut	Date of Last Report Applied For Not Applicable S8.75 Additional Fee Required S5.00 May Be Added to Fees ible tax inder s. 199.032, No
GARY J. FELSBERG, M.D., P.A.         Principal Place of Business       Mailing Address         Site ST. ANKES DRVE BOCA RATON FL 3345       312 ST. ANKES DRIVE BOCA RATON FL 334562516         2. Principal Place of Business       2a. Mailing Address         2. Principal Place of Business       2a. Mailing Address         3. Date Incorporated or Qualified 03/14/1996       3a         2. Principal Place of Business       2a. Mailing Address         3. Date Incorporated or Qualified 03/14/1996       3a         2. Principal Place of Business       2a. Mailing Address         3. Date Incorporated or Qualified 03/14/1996       3a         2. Principal Place of Business       2a. Mailing Address         3. Date Incorporated or Qualified 03/14/1996       3a         3. Date Incorporated or Qualified 03/14/1996       3a         3. Date Incorporated or Qualified 03/14/1998       3a         3. Date Incorporated or Qualified 03/14/1998       5a         3. Date Incorporated open composition to Status Desired 12       5a         City & State       5a         21 Subord Address of Occurity 22 Strest Address of New Register       10	Date of Last Report     Applied For     Not Applicable     S8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     ible tax inder s. 199.032,     No
Principal Place of Business Mailing Address A Fel Number GS - OG G 7 4 S/C Suite Apt. # etc City & State	Date of Last Report     Applied For     Not Applicable     S8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     ible tax inder s. 199.032,     No
	Date of Last Report     Applied For     Not Applicable     S8.75 Additional     Fee Required     \$5.00 May Be     Added to Fees     ible tax inder s. 199.032,     No
BOCA RATON FL 33496     BOCA RATON FL 33496-2516       3. Date Incorporated or Qualified 03/14/1996     3a       2. Principal Place of Business     2a. Mailing Address     4. FEL Number       2a     Suite Apt. # etc     Suite, Apt. #, otc.     b. Certificate of Status Desired       2     City & State     City & State     b. Certificate of Status Desired       2     City & State     b. Certificate of Status Desired       2     City & State     b. Certificate of Status Desired       3     Country     b. Election Campaign Financing Trust Fund Contribution       2     Country     b. Intercorporate Agent       4     Country     b. Name and Address of Current Registered Agent       4     HUDSON, PHILLIP M III     Main       4     Street Address (P.C. Box Number is Net Acceptable)       201     Street Address (P.C. Box Number is Net Acceptable)       213     BISCAYNE BLVD., SUITE 2400       MIAMI FL 33131     B1       41     Pursuant to the provisions of Sections 607.0502 and 607 1506, Florida Statutes, the abovenamed corporation submits this state of Inorda, Statu of Indepared Agent and agency the objection 607.0502.       41     Pursuant of the provisions of Section 2007.0502 and 607 1506, Florida Statutes, the abovenamed corporation's board of directors. I hereby accept the agent and agency the objection 607.0502.       42     OF FICE HS AND DHE CLORS     13   <	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ible tax inder s. 199.032, No
Autor of Business	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ible tax inder s. 199.032, No
2. Principal Place of Rusiness       2a. Mailing Address       4. FEI Number (65 - 06 6 7 7 8 CC         3. Suite Apt. # etc       2a       Suite. Apt. #, etc       5. Certificate of Status Desired         2. City & State       2a       City & State       5. Certificate of Status Desired         2. City & State       2a       City & State       6. Election Campaign Financing Trust Fund Contribution       1         2.10       2.0       Country       2a       30       Finis corporation has liability for inteng Fiorida Statutes       9.         9. Name and Address of Current Registered Agent       10. Name and Address of New Register       10. Name and Address of New Register         201 S. BISCANNE BLVD., SUITE 2400       81       Name       TOE L. R. LAVENVE         210. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits file statement for the purpoor office or registered agent, or both, in the State of Florida. Stach change was authorized by the corporation submits file statement for the purpoor office or registered agent, or both, in the State of Florida. Stach change was authorized by the corporation submits file statement for the purpoor agent 1 am familiar with, and ascept the obligations of Section 60. 5605. Florida Statutes.       Street Address for OFFICERS         SIGNATURE       0       DELETE       11       ADDITIONS/CHANGES TO OFFICERS         Init       D       FELSBERG, GARY J M.D. 3182 ST ANNES DRIVE	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ible tax inder s. 199.032, No
Suite Apt. # etc.       28       Suite Apt. # etc.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ible tax inder s. 199.032, No
2       27       5. Certificate of Status Desired         2       City & State       6. Election Campaign Financing         3       Trust Fund Contribution       7         4       28       30       8. This corporation has liability for intrange         4       25       29       30       8. This corporation has liability for intrange         4       25       29       30       9. Name and Address of New Register         HUDSON, PHILLIP M III       Mill       KELLEY DRYE & WAREN       10. Name and Address of New Register         201 S. BISCAYNE BLVD., SUITE 2400       81       Name       JOEL R - LAVEN/L         83       50 7       SOUTH CAST 11/1       14         94       City FH Lauderdate       10.       11         11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpot office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpot office or registered agent and accept the obligations of Social Social 500, 5005, Florida Statutes.       11         12.       OF FICE RS AND DIRE CIORS       13.       ADDITIONS/CHANGES TO OFFICERS         14.       D       FlexBERG, GARY J M.D.       11.       11.         14.       City S1-2P       DEL	Fee Required \$5.00 May Be Added to Fees ible tax inder s. 199.032, No
City & State City & Country City &	Added to Fees ible tax inder s. 199.032, No
Zip       Country       Zip       Country       8. This corporation has liability for intang Florida Statutes         30       9. Name and Address of Current Registered Agent       10. Name and Address of New Register         HUDSON, PHILLIP M III       10. Name and Address of New Register         KELLEY DRYE & WARREN       81         201 S. BISCAYNE BLVD., SUITE 2400       83         MIANI FL 33131       83         50       7         94       City         74       10. Name and Address of New Register         201 S. BISCAYNE BLVD., SUITE 2400         MIANI FL 33131         83       50         94       City         94       City         94       City         95       50.07         96       City         97       Soft A S	ible tax inder s. 199.032, No
B. Name and Address of Current Registered Agent     HUDSON, PHILLIP M III     KELLEY DRYE & WARREN     201 S. BISCAYNE BLVD., SUITE 2400     MIAMI FL 33131     B2     Street Address (P.O. Box Number is Not Acceptable)     B3     So 7 SOUTH EAST II +     B4     City FH Lavderdack     Interpretent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,     SIGNATURE     Street Address (P.O. Box Number is Not Acceptable)     City FH Lavderdack     Interpretent of the purpose     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,     SIGNATURE     Street Address (P.O. Box Number is Not Acceptable)     Delette     Interpretent device directors. I hereby accept the     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,     SIGNATURE     Street Address (P.O. Box Number is board of directors. I hereby accept the     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,     SIGNATURE     Street Address (P.O. Box Number is board of directors. I hereby accept the     agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,     SIGNATURE     Street Address     SIGNATURE     Delette 11 Title     D     DELETE 11 Title     D     DELETE 11 Title     D     DELETE 11 Title     D     DELETE 11 Title     SIGNATURE     SIGNATU	
NULLEY DRYE & WARREN 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131         V DEL K- LAVENY 82         Street Address (P.O. Box Number is Not Acceptable)         83         Sort South Easternent for the purpose office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE Expedient. type of predictione of registered agent 5 of their tagene set.         Image: Signature type of prediction of prediction of the purpose office or registered agent. Thereby accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE Expedient. type of predictione of registered agent 5 of their tagene set.         Image: Signature type of prediction of prediction of the purpose office or registered agent, or both, in the State of Florida. Statutes.         SIGNATURE Deposition. Type of prediction of the purpose of agent 5 of their tagene set.         Image: Signature type of the obligations of section tagene set.         Image: Signature type of the obligation of the purpose of the obligation of the purp	
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ADDITIONS/CHANGES TO OFFICERS     ADDITIONS/CHANGES TO OFFICERS     Is Street ADDRESS     City I Convert and access	
Presume to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent I am faminar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE       Stipatine, type of print chance of registered agent 3 at the it applicable.       (NOTE Registered Agent ag	COURT
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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature type of protections of registered agent so their displicable (NOTe Registered Agent signature required when reinstating) DA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS SIREET ADDRESS GITY-ST-7/P BOCA RATON FL 33498 14 CITY-ST-2IP TITLE DELETE 21 TITLE STEPET ADDRESS CITY-ST-2IP TITLE DELETE 21 TITLE STEPET ADDRESS STREET ADDRESS STREE	L 333/6
Stipulation, spin of printestations of registries and their it applies able     (NOTE     Registered Agent signature required when reinstating)     DA       12.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS       11.     D     DELETE     1.1 TITLE       NAME     FELSBERG, GARY J M.D.     1.2 NAME       STREET ADDRESS     3182 ST. ANNES DRIVE     1.3 STREET ADDRESS       CITY-ST-7IP     BOCA RATON FL 33498     1.4 CITY-ST-ZIP       TITLE     DELETE     2.1 TITLE       NAME     22 NAME       STREET ADDRESS     2.3 STREET ADDRESS       CITY-ST-ZIP     DELETE     2.1 TITLE       NAME     2.2 NAME     2.3 STREET ADDRESS       STREET ADDRESS     2.4 CITY-ST-ZIP     1.1 TITLE       NAME     3.1 STREET ADDRESS     2.4 CITY-ST-ZIP       TITLE     DELETE     3.1 TITLE       NAME     3.2 NAME     3.3 STREET ADDRESS       STREET ADDRESS     3.3 STREET ADDRESS     3.3 STREET ADDRESS       CITY-ST-ZIP     3.1 TITLE     3.3 STREET ADDRESS     3.3 STREET ADDRESS       STREET ADDRESS     3.3 STREET ADDRESS     3.3 STREET ADDRESS       GITY-ST-ZIP     3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP	appointment as registered
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14. I do 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 furiformation indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effective.	·····
Lam an officer or director of the corporation of the receiver envirustee empowered to execute this report as required by Chapter 607, Florida Statute appears in Block 12 or Block 13 if changed for on an attaching privite an address.	ct as if made under oath; th