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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024717 (6)

1. Corporation Name

GARY L. GLICK, M.D., P.A.



Principal Place of Business

C/O RONNY J. HALPERIN, ESQ.
1970 MIAMI CENTER, 201 S BISCAYNE BLVD
MIAMI FL 33131

Mailing Address

C/O RONNY J. HALPERIN, ESQ.
1970 MIAMI CENTER, 201 S BISCAYNE BLVD
MIAMI FL 33131

3. Date Incorporated or Qualified

03/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 Gary Glick, MD, PA

2a. Mailing Address

26 Gary Glick, MD, PA

Suite, Apt. #, etc.

4302 Alton Rd Suite 500

Suite, Apt. #, etc.

4302 Alton Rd Suite 500

City & State

23 Miami Beach, Fla

City & State

28 Miami Beach, Fla

Zip

24 33140

Country

25 USA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

HALPERIN, RONNY J
1970 MIAMI CENTER, 201 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Gary L. Glick

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

4302 Alton Road
Suite 500

84 City Miami Beach

FL

85 Zip Code 33140

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GLICK, GARY L
STREET ADDRESS 1970 MIAMI CENTER, 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Glick, Gary L
1.2 NAME
1.3 STREET ADDRESS 4302 Alton Rd. Suite 500
1.4 CITY-ST-ZIP Miami Beach, Fl. 33140

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

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 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

4-28-97 305-672-6100

CR2E034 (9/96)