

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P97000002852**
 1. Corporation Name
Gary C. Kushner, M.D., P.A.

Principal Place of Business Mailing Address
16800 N.W. 2nd Avenue, Suite 102
NORTH MIAMI BEACH, FLA 33169

DO NOT WRITE IN THIS SPACE

| | | |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified 11/10/97 | 4. FEI Number 65-0728010 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 16800 N.W. 2nd Avenue | 26 16800 N.W. 2nd Avenue |
| Suite, Apt. #, etc. 22 Suite 102 | Suite, Apt. #, etc. 27 Suite 102 |
| City & State 23 North Miami Beach, Fla. | City & State 28 North Miami Beach, Fla. |
| Zip 24 33169 | Country 25 DADE |
| | Zip 29 33169 |
| | Country 30 Dade |

9. Name and Address of Current Registered Agent
Gary Kushner, M.D.
16800 N.W. 2nd Avenue, Suite 102
North Miami Beach, Fla 33169

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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]* **Gary Kushner M.D.** DATE **12/17/98**

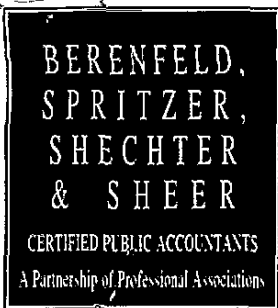
| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | President / Secretary / Director |
| 1.3 STREET ADDRESS | GARY KUSHNER, M.D. |
| 1.4 CITY-ST-ZIP | 16800 N.W. 2nd Avenue, Suite 102 |
| 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 | 300002722298 |
| 3.3 STREET ADDRESS | -12/24/98-01083-020 |
| 3.4 CITY-ST-ZIP | ***150.00 ***150.00 |
| 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 | <i>[Signature]</i> |
| 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.

SIGNATURE: *[Signature]* **Gary Kushner, M.D., P.A.** DATE: **12/17/98** PHONE: **305-274-4600**

CR2E034 (5/98)



December 1, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Gary C. Kushner, M.D. P.A.
Document No.: P97000002852

To Whom it May Concern:

The above referenced taxpayer is hereby requesting a wavier of the reinstatement fee due to reasonable cause. The taxpayer was in his first year of incorporation and was unaware of the need to file this return when he did not receive either the first or the second Corporate Report. We contacted your offices and were informed that the report was mailed to the same address as the dissolution. The city listed is incorrect and should be corrected to read North Miami Beach. This insufficient address may have caused non-delivery of the prior notices.

Enclosed herewith is a check in the amount of \$150.00 representing the original fee due with the Corporate Return. Please accept this and reinstate the corporation.

Thank you for your consideration in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Philip J. Shechter'.

PHILIP J. SHECHTER, C.P.A.

PJS/tbm

Enclosures