FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700034899

1. Corporation	on Name					
GOLD (COAST MEDICAL CENTERS,	INC.				
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	*					
Principal Place of Business Mailing Address					CARROLL CORPORATION CONTRACTOR OF THE PROPERTY	
10170 SW 1ST	STREET	10170 SW 1ST	STREET			
PLANTATION F	L 33324	PLANTATION F	L 33324			,
	÷					DO NOT WRITE IN THIS SPACE
	••					3. Date Incorporated or Qualifed
						04/18/1997
2. Principal F	Place of Business	2a. Mailing Ac	dress			4. FEI Number Applied For
21		26				65-0802985 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt.	. #, etc.			\$8.75 Additional
22	,	27	ŕ			5. Certificate of Status Desired Fee Required
City & Sta	te ·	City & Sta	te			6. Election Campaign Financing \$5.00 May Be
·		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes the current year Intangible
<u> </u>		·	00]		Personal Property Tax.
24	25	29	30			, siestiff in the second secon
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
CHI	NIKAMWALA, ASGAR H	And had to have		81	Name	
GOLIO170'SW' IST STREET CENTERS. IVO				82	Street A	t Address (P.O. Box Number is Not Acceptable)
						and the first of the straight of the first of the straight of
PLANTATION FL 33324						
				04	014	
				84	City	FL 85 Zip Code
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.						
office or	registered agent, or both, in the State of	of Florida. Such ch	ange was autho	orized by	the corpo	poration's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and accept the obligat	tions of, Section 60	17.0505, Florida	Statutes	.	
SIGNATURE			ALOTT D			required when reinstating).
12.	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Reg	13.	nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PD OFFICERS AND		DELETE	1.1 TITLE	1	The second secon
TITLE	1	٠	DELETE			ng physics
NAME '	KOITA, MUNIRA M			1.2 NAME		
STREET ADDRESS				1.3 STREET	TADDRESS	5
CITY+ST-ZIP	PLANTATION FL 33324			1.4 CITY-S	T-ZIP	
TITLE	VD .		DELETE	·2.1 TITLE		☐ Change ☐ Addition
NAME	CHINIKAMWALA, MAHNAZ A			2.2 NAME		
STREET ADDRESS	10170 SW 1ST STREET	•		2.3 STREET	T ADDRESS	3
CITY-ST-ZIP	PLANTATION FL 33324	200 Bec 1 18		2. 4 CITY-S	ST-ZIP	
TITLE	A PARKET	Table 1984 19 🖸	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	概念学从人 经与用意。	خردي .	•	3.2 NAME		
STREET ADDRESS	Par Architectus	**************************************	1	3.3 STREET	TADDRESS	
"1 ₄ 14	MANUAL STAR		1			그는 그는 사람들이 하는 것 같아. 그는 사람들이 어느를 가장 없는 것이 생각하지 않아 없다면 없는 사람들이 되었다.
CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE	31-ZIP	「「「「「「」」「「」」「「」「「」「「」「「」」「「」」「「」」「「」」「
TITLE .		!	. CLLLIC			* C
NAME TUTTO SST 451	STATE OF THE PARTY	(2)	٠.	4. 2 NAME		
STREET ADDRESS	July 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 2		4.3 STREET	TADDRESS	8
CITY-ST-ZIP '				4.4 CITY-S	T-ZIP	
TITLE			DELETÉ	5.1 TITLE	T	☐ Change ☐ Addition

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 attackiment with an address, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

torn 38 (S) YOURS

TITLE

NAME

TITLE

NAME. STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90004 006 ***150.00

Change

Addition