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Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90004 006 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000034899

1. Corporation Name

GOLD COAST MEDICAL CENTERS, INC.

Principal Place of Business

10170 SW 1ST STREET  
PLANTATION FL 33324

Mailing Address

10170 SW 1ST STREET  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

65-0802985

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CHINIKAMWALA, ASGAR H

10170 SW 1ST STREET

PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
KOITA, MUNIRA M  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME VD  
CHINIKAMWALA, MAHNAZ A  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME CHINIKAMWALA, ASGAR H  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS 10170 SW 1ST STREET  
CITY-ST-ZIP PLANTATION FL 33324

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)