

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042929 (8)

1. Corporation Name
GARY M. FLAX, M.D., P.A.

Principal Place of Business Mailing Address
4030-A SHERIDAN ST HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/10/1993** 3a. Date of Last Report **02/22/1994**

4. FEI Number **65-0417872** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 4030-A Sheridan Street 26 same

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
23 Hollywood, Florida 28 same

24 Zip 25 Country 29 Zip 30 Country
24 33021 25 U.S.A. 29 30

9. Name and Address of Current Registered Agent

**FLAX, GARY M. M.D.
4030-A SHERIDAN ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name **SAME**
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 **P**
NAME **FLAX, GARY M. M (FLAX, GARY M., M.D.)**
STREET ADDRESS **4030-A SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **P FLAX, GARY M., M.D.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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; that I am 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 applicable, or in my appointment with an officer.

SIGNATURE: *[Signature]*
NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 962-9801
Tallahassee, Florida