

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000042929 (8)**  
 1. Corporation Name  
**GARY M. FLAX, M.D., P.A.**



Principal Place of Business <b>4030-A SHERIDAN ST HOLLYWOOD FL 33021 US</b>	Mailing Address <b>4030-A SHERIDAN ST HOLLYWOOD FL 33021 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6201 S.W. 56 CT.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6201 S.W. 56 CT.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/10/1993</b>	4. FEI Number <b>65-0417872</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>DAVIE, FL.</b>	27 City & State <b>DAVIE, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 Zip <b>33314</b>	25 Country <b>USA</b>	29 Zip <b>33314</b>	30 Country <b>USA</b>	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		

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 **FLAX, GARY M. M.D.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6201 S.W. 56 CT.**  
 83  
 84 City **DAVIE** FL 85 Zip Code **33314**

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 *Gary M. Flax, M.D.* **GARY M. FLAX, M.D.** **PRESIDENT** **1/31/98**  
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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FLAX, GARY M. M.D.</b>	
STREET ADDRESS	<b>4030-A SHERIDAN ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
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	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FLAX, GARY M. M.D.</b>	
1.3 STREET ADDRESS	<b>6201 S.W. 56 CT.</b>	
1.4 CITY-ST-ZIP	<b>DAVIE, FL. 33314</b>	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
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 on an amendment with an address.

SIGNATURE: *Gary M. Flax, M.D.* **GARY M. FLAX, M.D.** **PRESIDENT** **1/31/98**

CR2E034 (10/97)