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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P93000042929

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

Principal Place of Business
6201 S.W. 56 CT
DAVIE FL 33314
US

Mailing Address
6201 S.W. 56 CT
DAVIE FL 33314
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1993

4. FEI Number
65-0417872

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 1500 OCEAN DRIVE
Suite, Apt. #, etc.
22 APT. # 1006
City & State
23 MIAMI BEACH, FL.

2a. Mailing Address
26 1500 OCEAN DRIVE
Suite, Apt. #, etc.
27 APT. # 1006
City & State
28 MIAMI BEACH, FL.

Zip Country
24 33139 25 USA
29 33139 30 USA

9. Name and Address of Current Registered Agent

FLAX, GARY M MD
6201 S.W. 56 CT
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name
FLAX GARY M. MD

82 Street Address (P.O. Box Number is Not Acceptable)
1500 OCEAN DRIVE

83 APT. # 1006

84 City MIAMI BEACH FL 85 Zip Code 33139

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. 2/28/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAX, GARY M M.D	1.2 NAME	SAME
STREET ADDRESS	6201 S.W. 56 CT	1.3 STREET ADDRESS	1500 OCEAN DRIVE, APT. 1006
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Gary M. Flax, M.D. 2/28/99 305-695-0342
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)