

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000023858 (1)**

1. Corporation Name

**HARARI AND DISKIN, M.D., P.A.**



Principal Place of Business

3812 N.E. 209TH TERR.  
MIAMI FL 33180

Mailing Address

5401 POLK ST.  
HOLLYWOOD FL 33021  
US

3. Date Incorporated or Qualified  
**03/29/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

**65-0481648**

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**SHEVLIN, BARRY T**  
1111 KANE CONCOURSE, SUITE 605  
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81

Name

**JUDSON L. OWEN, III**

82

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

83

**555 N.E. 15 STREET # 516**

84

City

**MIAMI**

**FL**

85 Zip Code  
**33132**

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, by 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 registration agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

*[Signature]* **Judson L. Owen III** **3/11/96**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**YSD**  
**DISKIN, ARTHUR L**  
**3812 N.E. 209TH TERR.**  
**MIAMI FL**

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PT**  
**HARARI, JACK**  
**501 LIDO DRIVE**  
**FT. LAUDERDALE FL**

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARTHUR DISKIN**

**3-15-96**

**(954) 989-7575**

Date

Daytime Phone #

CR2E034 (12/95)