

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072308 (5)

1. Corporation Name

JOAQUIN JAVIER ARISTIMUNO, M.D., P.A.

Principal Place of Business

Mailing Address

C/O LESLIE ALAN ROZENCWAIG, P.A.  
1 SOUTHEAST 3RD AVENUE #960  
MIAMI FL 33131

C/O LESLIE ALAN ROZENCWAIG, P.A.  
1 SOUTHEAST 3RD AVENUE #960  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

65-0700725

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9020 MISTY CREEK DRIVE	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SARASOTA	28
Zip	Country
24 FL	25 SARASOTA
29 34241	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE A  
C/O 1 SE 3RD AVE  
STE 960  
MIAMI FL 33131

81 Name ROZENCWAIG, LESLIE A.  
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

3/31/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PS	JOAQUIN JAVIER ARISTIMUNO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	C/O 1 SE 3RD AVE STE 960	1.3 STREET ADDRESS	
	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		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 this filing.

SIGNATURE:

JOAQUIN JAVIER ARISTIMUNO, M.D., President 3/31/98

CR2E034 (10/97)