

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90193 035 \*\*\*150.00

**DOCUMENT # P96000072308**

1. Entity Name

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

Principal Place of Business

9020 MISTY CREEK DR  
 SARASOTA FL 34241  
 US

Mailing Address

C/O LESLIE ALAN ROZENCWAIG, P.A.  
 1 SOUTHEAST 3RD AVENUE #960  
 MIAMI FL 33131-1710

2. Principal Place of Business

9020 MISTY CREEK DR  
 Suite, Apt. #, etc.

3. Mailing Address

9020 MISTY CREEK DR  
 Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

SARASOTA FLA

4. FEI Number

65-0700725

Applied For

Not Applicable

Zip

34241

Country

USA

Zip

34241

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	JOAQUIN JAVIER ARISTIMUNO	
STREET ADDRESS	9020 MISTY CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34241	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN J. ARISTIMUNO Date: 4/25/00 Daytime Phone #: 941-922-3133

CFR2E034 (9/99)