

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90055 025 ***150.00

DOCUMENT # P03000074249

1. Entity Name

ARTHUR S. AGATSTON, M.D., P.A.



Principal Place of Business

C/O BOIES, SCHILLER & FLEXNER LLP
100 SE 2 ST STE 2800
MIAMI, FL 33131-2144

Mailing Address

C/O BOIES, SCHILLER & FLEXNER LLP
100 SE 2 ST STE 2800
MIAMI, FL 33131-2144

94022334



2. Principal Place of Business

4302 Alton Rd

3. Mailing Address

4302 Alton Rd

Suite, Apt. #, etc.

Ste 710

Suite, Apt. #, etc.

Ste 710

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

Miami Dade

Zip

33140

Country

Miami Dade

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0074572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2 ST STE 2800
MIAMI, FL 33131-2144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME AGATSTON, ARTHUR S M.D. ☐ Delete
STREET ADDRESS 100 S.E. 2 STREET., SUITE 2800
CITY-ST-ZIP MIAMI, FL 331312144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Arthur S Agatston MD
STREET ADDRESS 2549 Sunset Drive
CITY-ST-ZIP Miami Beach FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur S Agatston

Date

2/24/04

Daytime Phone #

305-538-3828