FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 470167   (8)

1. Corporation Name
ARTHUR I. GILBERT, M. D., P. A.

Principal Place of Business	Mailing Address
6280 SUNSET DRIVE, SUITE 410 S MIAMI FL 33143	6280 SUNSET DRIVE, SUITE 410 S MIAMI FL 33143-8803

		3. Date Incorporated or Qualified **03/01/1975**	3a. Date of Last Report **03/04/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-1576528**	☐ Applied For ☐ Not Applicable
21 *6250 Sunset Drive*	26 *6250 Sunset Drive*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22 *#200*	Suite, Apt. #, etc. 27 *#200*	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23 *Miami FL*	City & State 28 *Miami, FL*	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip 24 *33143* Country 25 *USA*	Zip 29 *33143* Country 30 *USA*		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILBERT, ARTHUR I MD 6280 SUNSET DR #410 S MIAMI, FL 33143	81 Name *Arthur I Gilbert MD* 82 Street Address (P.O. Box Number is Not Acceptable) *6250 Sunset Drive #200* 83 84 City *Miami* FL 85 Zip Code *33143*

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]*   *1/24/97*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE *PDS*	☑ Change ☐ Addition
NAME	GILBERT, ARTHUR I		1.2 NAME *Gilbert, Arthur I*	
STREET ADDRESS	6280 SUNSET DRIVE #410		1.3 STREET ADDRESS *6250 Sunset Drive #200*	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP *Miami, FL 33143*	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: *[signature]*   *1/24/97*   *305-661-7878*