Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90093 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 470167

1. Corporation Name

ARTHUR I. GILBERT, M. D., P. A.

Principal Place	e of Business	Mailing Address				i immert mete mate meter tigen mitte in	iai aiaii ast		
6250 SUNSET (	DRIVE	6250 SUNSET DRIVE							
SUITE 200	^	SUITE 200 Miami Fl 33143			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33143 US		WIAMI PL 33143 US			3. Date Incorporated or Qualifed				
	-	- <del>-</del>				03/01/1975			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1576528		<u>·</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5Certifcate of Status Desired	]		5 Additional
22		27							:Required:
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Cou	intry	·····	8. This corporation owes the current	vear Inta		ed to 7 ces
24 Zip	25	29	30	,		Personal Property Tax.		Yes	□No
	9. Name and Address of Current		1001		<del></del>	10. Name and Address of New Reg	istered A	gent	
				81 1	Name				
GILE	BERT, ARTHUR I MD			82	Street Addre	ess (P.O. Box Number is Not Acceptable	1		
_	SUNSET DRIVE				- Tudie				
MIAI	MI FL 33143	•		83				•	
•				84	City			85 2	Zip Code
	•				•	pration submits this statement for the pur	<u>FL</u>		<u> </u>
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	s authorized	d by the	e corporation	n's board of directors. I hereby accept th	e appoin	tment a	s registered
		0.00	NT. Davistan	4 8 mt ni	ionatura regulared	Lubon rejectating)	DATE	_	
	Signature, typed or printed name of registered agen			d Agent si	ignature required		DATE ERS ANI	D DIRE	CTORS IN 12
12.	OFFICERS AN		DTE: Registered 13.		ignature required	when reinstating) ADDITIONS/CHANGES TO OFFIC		D DIREC	
12.	OFFICERS AN	D DIRECTORS	13.	mlE	ignature required				
12. TITLE NAME	PDS GILBERT, ARTHUR I	D DIRECTORS	13. 1.1 Π 1.2 N	mlE					
12. TITLE NAME STREET ADDRESS	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE AME	DORESS				
12. TITLE NAME	PDS GILBERT, ARTHUR I	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE AME TREET AL	DORESS				nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI	ITLE AME TREET AL ITY-ST-Z ITLE	DORESS			Char	nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI	ITLE AME TREET AL ITY-ST-Z ITLE	DORESS ZIP			Char	nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE	13. 1.1 TI 1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ 2.3 S'	ITLE AME TREET AL ITY-ST-Z ITLE AME	DORESS ZIP DDRESS			Char	nge ∏ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS	13. 1.1 TI 1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ 2.3 S'	ITLE AME TREET AL ITY-ST-Z ITLE AME TREET AL	DORESS ZIP DDRESS			Char	nge ∏ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI 2.3 S'	TTLE  AME  TREET AL  ITY-ST-Z  TTLE  AME  TREET AL  CITY-ST-Z	DORESS ZIP DDRESS			Char	nge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S 1.4 C 2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C	TREET ALL	DORESS DDRESS DDRESS			☐ Char	nge Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 S' 1.4 CC 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 CC 4.1 TI 4.2 N 4.3 S'	TILE  AME  TREET AL  ITY-ST-2  TILE  AME  TREET AL  CITY-ST-3  TILE  AME	DORESS ZIP DDRESS ZIP DDRESS DDRESS			☐ Char	nge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CC 2.1 TT 2.2 N 2.3 S' 2.4 CC 3.1 TT 3.2 N 3.3 S' 3.4 CC 4.1 TT 4.2 N 4.3 S' 4.4 CC	TITLE TREET ALE	DORESS ZIP DDRESS ZIP DDRESS DDRESS			☐ Char	nge Addition  nge Addition  nge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CT 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CT 5.1 TT	ITLE  AME  TREET AC  TITLE  AME  TREET AC  TRE	DORESS ZIP DDRESS ZIP DDRESS DDRESS			☐ Char	nge Addition  nge Addition  nge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CT 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CT 5.1 TT 5.2 N	ITLE  AME  TREET AC  TILE  AME  TREET AC  TREE	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS			☐ Char	nge Addition  nge Addition  nge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410 MIAMI, FL 00000	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CC 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CC 5.1 TT 5.2 N 5.3 S	ITLE  AME  TREET AG  TILE  AME  TREET AG  TREE	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS			☐ Char	nge Addition  nge Addition  nge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CI 5.1 TT 5.2 N 5.3 S 5.4 C	ITLE  AME  TREET AC  TITLE  AME  TREET AC  TRE	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS			☐ Char	nge Addition  nge Addition  nge Addition  nge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410 MIAMI, FL 00000	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CC 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S' 4.4 CC 5.1 TT 5.2 N 5.3 S	ITLE  AME  TREET AL  ITY-ST-Z  TRE  AME  TREET AL  TREET	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS			☐ Char	nge Addition  nge Addition  nge Addition  nge Addition

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 an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP