

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90280 013 ***150.00

DOCUMENT # 671588

1. Entity Name
ARNOLD P. CARTER, M.D., P.A.



Principal Place of Business

**2925 AVENTURA BLVD
SUITE 203
AVENTURA, FL 33180 US**

Mailing Address

**2925 AVENTURA BLVD
SUITE 203
AVENTURA, FL 33180 US**

2. Principal Place of Business

3. Mailing Address

9720 W. BROADVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY HARBOR

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

FLA

4. FEI Number

59-2002154

Applied For

Not Applicable

Zip

Country

Zip

Country

33154

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, ARNOLD P MD
2925 AVENTURA BLVD
#203
AVENTURA, FL 33180**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CARTER, ARNOLD P
9720 W. BROADVIEW DR.
BAY HARBOR ISLAND, FL**

☐ Delete

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

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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

Date

Daytime Phone #