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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F54717

(6)

VICTOR ARRIEN, M.D., P.A.

FILED Feb 03 1998 8:00am Secretary of State

601 E SAMPLE RD. #110 POMPANO BEACH FL 33064 US 2a. Mailing Address US 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2d. Mailing Address 2							
#110 POMPANO BEACH FL 33064 US 2. Principal Place of Business 2. Applied For 2. Principal Place of Business 2. Principal Place of Qualified 01/01/1982 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 01/01/1982 2. Principal Place of Business 3. Date Incorporated or Qualified 01/01/1982 2. Principal Place of Business 3. Date Incorporated or Qualified 01/01/1982 3. Date Incorporation Outlined 1	Principal Place of Business Mailing Address			I I O D T T O T I I D T O T I I D T O T I I D T O T I I D T O T O T O T O T O T O T O T O T O T	31011 B1511 81811 B1811 B1811 (801		
2. Principal Place of Business 21	#110 #110 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064		64				
21 26 59-2148068 Not Applicable Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired Fee Required City & State City & State Fee Required 23 28 City Country State Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent MILLER, RONALD L. 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 City Registered Agent							
Suite, Apt. #, etc. 22 City & State City & State Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 28 Country Zip Country Zip Country Suite, Apt. #, etc. 28 Zip Country Zip Country Suite, Apt. #, etc. 6. Election Campaign Financing Fee Required St.00 May Be Added to Fees Added to Fees Added to Fees Added to Fees Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees	-	<u>⊢</u> , *		 "			
Scale City & State City & State Country Zip				59-2148068			
28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MILLER, RONALD L. 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 82 Street Address (P.O. Box Number is Not Acceptable)	~ ¬ ' '	· · · · ·		5. Certificate of Status Desired			
24 25 29 30 Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent MILLER, RONALD L. 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 S4 City	- ¬ ·	<u>├</u> ──		· · · · · · _			
MILLER, RONALD L. 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)		- ├ `	¬ -	,			
MILLER, HUNALD L. 2450 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 82 Street Address (P.O. Box Number is Not Acceptable) 83	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HOLLYWOOD FL 83 84 City	2450 HOLLYWOOD BLVD., SUITE 300		81 Name				
24 City less 7 n Code			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)			
84 City 85 Zip Code			83				
TL				F	85 Zip Code		

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, lam familiar with, and accept the obligations of Sections 807.0505. Station States

agent, i a	m tamiliar with, and accept the obligations of, t	Section 607.0505, Flot	ida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and little if a	applicable (NOTE	Registered Agent signature requir	red when reinstating)	DATE	
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	ARRIEN, VICTOR		1.2 NAME			-
STREET ADDRESS	601 E. SAMPLE RD., #101		1.3 STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP			[
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			i
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY-ST-ZIP			ļ
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ŽIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP			4.4 CITY - ST - ZIP			1
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			i
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			1
CITY-ST-ZIP		١	6.4 CITY - ST - ZIP			ŀ

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 of 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: