FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82297** **(8)**

1. Corporate Name
DISKIN & HARARI, M.D., P.A.

Principal Place of Business
3812 N.E. 209 TERRACE
NORTH MIAMI BEACH FL 33180

Mailing Address
3812 N.E. 209 TERRACE
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
24 25

2a. Mailing Address
26 5401 Polk St
Suite Apt. #
27
City & State
28 Hollywood FL
29 33021 30

4. FEI Number: 65-0124616
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Limited Liability Company / Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SHEVLIN, BARRY T.
1111 KANE CONCOURSE
SUITE 605
BAY HARBOR ISLAND FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's Board of Directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR TITLES		13. ADDITIONAL OFFICER AND DIRECTOR TITLES
TITLE	DP	TITLE ☐ Chang ☐ Addr
NAME	DISKIN, ARTHUR L.	NAME
ADDRESS	3812 N.E. 209TH TERRACE	ADDRESS
CITY ST ZIP	N. MIAMI BEACH FL	CITY ST ZIP
TITLE	DVP	TITLE DV ☒ Chang ☐ Addr
NAME	HARARI, JACK L.	NAME
ADDRESS	501 LIDO DRIVE	ADDRESS
CITY ST ZIP	FT LAUDERDALE FL	CITY ST ZIP
TITLE	DVP	TITLE DMV ☒ Chang ☐ Addr
NAME	COLLINS, MICHAEL C	NAME WEISMAN, PAUL
ADDRESS	18370SE LAKESIDE DR	ADDRESS 5401 POLK ST
CITY ST ZIP	TEQUESA FL	CITY ST ZIP HOLLYWOOD FL 33021
TITLE	DT	TITLE ☐ Chang ☐ Addr
NAME	RUBIN, JOHN F	NAME
ADDRESS	1198 PARKSIDE CIRCLE NORTH	ADDRESS
CITY ST ZIP	BOCA RATON FL	CITY ST ZIP
TITLE	DS	TITLE ☐ Chang ☐ Addr
NAME	SMITH, DOUGLAS R.	NAME
ADDRESS	1010 BUCIDA RD	ADDRESS
CITY ST ZIP	DELRAY BEACH FL	CITY ST ZIP
TITLE		TITLE ☐ Chang ☐ Addr
NAME		NAME
ADDRESS		ADDRESS
CITY ST ZIP		CITY ST ZIP

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with all attributes.

SIGNATURE: ARTHUR DISKIN 4-26-95 (305) 989-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100136 CP