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 # L62262 (5)

1. Corporation Name

ARTHUR L. DISKIN, M.D., P.A.

Principal Place of Business: 3812 NE 209TH TERRACE, N MIAMI BEACH FL 33180

Mailing Address: 3812 NE 209TH TERRACE, N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1990

3a. Date of Last Report: 03/04/1994

4. FEI Number: 65-0183315 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ 22 Suite, Apt. # etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address: 26 5401 POLK ST. 27 Suite, Apt. # etc. ___ 28 City & State HOLLYWOOD FL 29 Zip 33021 30 Country ___

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This 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
STE 605
BAY HARBOR ISLDS FL 33154

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 Sections 607.0502 and 617.0502, 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 ___

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DISKIN, ARTHUR L.
STREET ADDRESS	3812 NE 209TH TERR
CITY-ST-ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	MCP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	☐ Change ☒ Addition
NAME	MENENDEZ, RICHARD	
STREET ADDRESS	1385 N. BISCAYNE POINT RD	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
TITLE	DT	☐ Change ☒ Addition
NAME	VALDES, ALFONSO	
STREET ADDRESS	1111 N. VENETIAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	

14. I do hereby certify that the information supplied with the 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] ARTHUR DISKIN 4-26-95 (305) 989-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0109142 CP