

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

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

5401 POLK ST.
HOLLYWOOD FL 33021-6429
US

2. Principal Place of Business

21 4300 ALTON ROAD

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH FL

24 Zip

25 33140

Country

26 DANE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/29/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0183315

Applied For

Not Applicable

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

JUDSON L. OWEN III
555 N.E. 15 STREET #518
MIAMI FL 33132

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

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

TITLE DV ☐ DELETE

NAME MENENDEZ, RICHARD
STREET ADDRESS 1385 N BISCAYNE POINT RD.
CITY-ST-ZIP MIAMI BEACH FL

TITLE DT ☐ DELETE

NAME VALDES, ALFONSO
STREET ADDRESS 1111 N VENETIAN DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CMP ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 5401 POLK ST.
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33021

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

ARTHUR L. DISKIN

4-29-97

(954) 989-7575

Date

Daytime Phone #

CR2E034 (9/96)