

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90220 021 ***150.00

DOCUMENT # **L62262**

1. Corporation Name

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

Principal Place of Business

**4300 ALTON RD
MIAMI BEACH FL 33140
US**

Mailing Address

**5401 POLK ST.
HOLLYWOOD FL 33021
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1990

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**JUDSON L. OWEN III
555 N.E. 15 STREET #516
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

155 NW 167 STREET

83 **Suite 200**

84 City **NORTH MIAMI BEACH** **FL** 85 Zip Code **33169**

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 **CMP** ☐ DELETE
NAME **DISKIN, ARTHUR L.**
STREET ADDRESS **5401 POLK ST**
CITY-ST-ZIP **HOLLYWOOD 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 **S** ☐ DELETE
NAME **LANG, DAVID**
STREET ADDRESS **3812 NE 209 TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR DISKIN

4-19-99

(305) 493-0079

Date

Daytime Phone #

CR2E034 (11/98)