2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003
Secretary of State

DOCUMENT# L62262

Entity Name: ARTHUR L. DISKIN, M.D., P.A.

Current Principal Place of Business:

4300 ALTON RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0183315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST-CYR, ISABELLE
3900 HOLLYWOOD BLVD
SUITE 101
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CMP	( ) Delete
Name:	DISKIN, ARTHUR L	
Address:	3900 HOLLYWOOD BLVD #101	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	DV	( ) Delete
Name:	MENENDEZ, RICHARD	
Address:	1385 N BISCAYNE POINT RD.	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	DT	( ) Delete
Name:	VALDES, ALFONSO	
Address:	1111 N VENETIAN DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	S	( ) Delete
Name:	LANG, DAVID	
Address:	3812 NE 209 TERRACE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33180	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L DISKIN CMP 04/25/2003

Electronic Signature of Signing Officer or Director — Date