

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90045 020 ***150.00

DOCUMENT # P01000102692



1. Entity Name
ARENA MEDICAL CARE ASSOCIATES, P.A.

Principal Place of Business
**1500 E. HILLSBORO BLVD.
SUITE 210
DEERFIELD BEACH FL 33441**

Mailing Address
**1500 E. HILLSBORO BLVD.
SUITE 210
DEERFIELD BEACH FL 33441**



2. Principal Place of Business
3501 West Drive
Suite, Apt. #, etc.
Suite B
City & State
Deerfield Beach, FL

3. Mailing Address
3501 West Drive
Suite, Apt. #, etc.
Suite B
City & State
Deerfield Beach, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0561011**

Applied For
Not Applicable

Zip **33442** Country **Broward**

Zip **33442** Country **Broward**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ARENA, JOSEPH J MD**
STREET ADDRESS **1500 E. HILLSBORO BLVD. SUITE 207**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☒ Change ☐ Addition
NAME **Arena, Joseph J. MD**
STREET ADDRESS **3501 West Drive Suite B**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

1/13/03

Date

954-426-1000

Daytime Phone #

CR2E034 (10/02)