2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90055 025 ***150.00

DOCUMENT # P03000074249

1. Entity Name
ARTHUR S. AGATSTON, M.D., P.A.

Principal Place of Business	Mailing Address
C/O BOIES, SCHILLER & FLEXNER LLP 100 SE 2 ST STE 2800 MIAMI, FL 33131-2144	C/O BOIES, SCHILLER & FLEXNER LLP 100 SE 2 ST STE 2800 MIAMI, FL 33131-2144

94022994

02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4302 Alton Rd	4302 Alton Rd
Suite, Apt. #, etc.: Ste 710	Suite, Apt. #, etc.: Ste 710
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip: 33140 Country: Miami Dade	Zip: 33140 Country: Miami Dade

4. FEI Number 20-0074572 ☐ Applied For ☐ Not Applicable

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
KTG&S REGISTERED AGENT CORPORATION 100 SE 2 ST STE 2800 MIAMI, FL 33131-2144	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____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	TITLE	President	☒ Change ☐ Addition
NAME	AGATSTON, ARTHUR S M.D.		NAME	Arthur S Agatston MD	
STREET ADDRESS	100 S.E. 2 STREET., SUITE 2800		STREET ADDRESS	2549 Sunset Drive	
CITY-ST-ZIP	MIAMI, FL 331312144		CITY-ST-ZIP	Miami Beach FL 33140	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Arthur S Agatston 2/24/04 305-538-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #