

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103627

FILED
Mar 11, 2004
Secretary of State

Entity Name: ARSENIO ARABITG, O.D., P.A.

Current Principal Place of Business:

7299 DADELAND MALL
MIAMI, FL 33156

New Principal Place of Business:

7299 DADELAND MALL
3360
MIAMI, FL 33156

Current Mailing Address:

7299 DADELAND MALL
MIAMI, FL 33156

New Mailing Address:

7299 DADELAND MALL
3360
MIAMI, FL 33156

FEI Number: 20-0242445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: PD () Delete
Name: ARABITG, ARSENIO OD
Address: 7299 DADELAND MALL
City-St-Zip: MIAMI, FL 33156

Title: STD () Delete
Name: ARABITG, DEBORAH R
Address: 7299 DADELAND MALL
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARSENIO ARABITG

PD

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date