

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093184

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** ARIEL ZISMAN, M.D., P.A.

**Current Principal Place of Business:**

2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 20-3078954      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIEL, ZISMAN MD  
2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: ZISMAN, ARIEL  
Address: 19531 DIPLOMAT DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: ARIEL ZISMAN

MD

01/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date