## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P9300005871 (7)

DR. RAPHAEL ARWAS, P.A.

**FILED** May 01 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address												
200 LESLIE DR #523 HALLANDALE FL 33009			200 LESLIE DR #523 HALLANDALE FL 33009		į							
						~~~		<ol> <li>Date Incorporated or Qualified 01/21/1993</li> </ol>		e of Last F <b>04/17/</b> 1	•	
	ace of Business		Mailing Address					4. FEI Number			Applied For	
Suite, Apt. #, etc.		2:6]	I				65-0448030 Not Applicat					
		27	Suite, Apt. #, etc.			ļ	5. Certificate of Status Desired			5 Additional Required		
City & State		L,	City & State			6. Election Campaign Financing	<del></del>		00 May Be			
23		28						Trust Fund Contribution	Added to Fees			
Zip 24	Country	7271	7 <sub>1</sub> p	Country			8. This corporation has liability for		ax under ε	199.032,		
24	25 9. Name and Address of Curre	29 nt Benisi	ored Agent	]30]				Florida Statutes N Yes No  10. Name and Address of New Registered Agent				
		ii iiogiai	cred Agent		81	Na	arne	10. Name and Address of New	tegistered	Agent		
MDE	EN, ARIE											
	N. OAKLAND PARK BLVD #301	7			82 Street Addr			(P.O. Box Number is Not Accepta	ole)			
STE 3	210	,			83							
	SE FL 33351				04							
					84	Cit	•		FL		ip Code	
11. Pursuant t or register familiar wit	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori In, and accept the obligations of, Sec	2 and 607 da. Such lion 607 (	.1508, Florida Statute change was authorize 1505, Florida Statutes	s, the ab	ove-n corpo	name orati	ed corporatio on's board o	on submits this statement for the purificities. Thereby accept the app	rpose of ch ointment as	anging its registere	registered office d agent. I am	
SIGNATURE	Signature, typod or printed name of registered agen											
12.	OFFICERS AN			13.		t signa	aturu requirec whe		DATE	DIDEOT	250	
TITLE	D		DELETE		TILLE		····	ADDITIONS/CHANGES TO OF		Change	DRS IN 12 Addition	
NAME	ARWAS, RAPHAEL			1	NAME				L	Onlings	L Addition	
STREET ADDRESS	200 LESLIE DR., #523			139	13 STREET ADDRESS		ESS				ĺ	
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14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, opin an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR r DNS

305 457-3921