

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080295 (6)

1. Corporation Name

ARTHUR J. SCHATZ, M.D., P.A.



Principal Place of Business

2630 NE 203RD ST
SUITE 106
NORTH MIAMI BEACH FL 33180

Mailing Address

2630 NE 203RD ST
SUITE 106
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

58-1282281

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

Arthur J. Schatz M.D.

82

Street Address (P.O. Box Number is Not Acceptable)

2630 NE 203rd St

83

Suite, Apt. #, etc.

106

84

City

N. Miami Bch

FL

85

Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's "shareholders" directors, if any, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Arthur J. Schatz M.D.

(If Not a Registered Agent Signature, then not applicable)

DATE

2/9/96

12. OFFICERS AND DIRECTORS

D

SCHATZ, ARTHUR J MD
2630 NE 203RD ST SUITE 106
NORTH MIAMI BEACH FL 33180

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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 included 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 trustee 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, or in an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 (305) 932-1270

Daytime Phone #

CR2E034 (12/95)