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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038727 (9)

ARTURO K. GUILOFF, M.D., P.A.

Principal Place of Business Mailing Address 9123 NORTH MILITARY TRAIL. #208 9123 NORTH MILITARY TRAIL, #208 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-5969 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0668957 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zφ Zio Country This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 25 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUILOFF. ARTUREO K** 9123 NORTH MILITARY TRAIL, #208 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 84 City Zip Code 85 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 board of directors. I hereby accept the appointment as registered agent. I am famil ar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE 11 TITLE Change Addition THE **GUILOFF, ARTURO K M.D.** 12 NAME NAME 9123 NORTH MILITARY TRAIL, #208 STREET ADDRESS 1.3 STREET ADORESS PALM BEACH GARDENS FL 33410 1.4 City-ST-ZIP CHTY - ST - ZIP DELETE Change Addition THE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-79 2.4 CITY - ST-ZIP Change DELETE Addition THE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY - \$1 20P 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CiTY - ST-ZIP ☐ DELETE Change Addition 5.1 TITLE 1000 MM: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY-ST-ZIP CHY-S*-7IP DELETE Change Addition 6.1 TITLE

SIGNATURE:

appears in Block 12 or Block 13 if cl

TITLE NAME

STREET ADDRESS

6.2 NAME 6.3 STREET ADDRESS

14. I do 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

64 CITY - ST - ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Mar 31 1997 8:00am

Secretary of State