


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000054638 1. Entity Name DENNIS J. ARENA M.D., PH. D. MEDICAL SERVICES, INC.																																																					
Principal Place of Business 3208 SOUTHEAST 12TH STREET #302 POMPANO BEACH FL 33062			Mailing Address 3208 SOUTHEAST 12TH STREET #302 POMPANO BEACH FL 33062																																																		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 8000 PETERS ROAD 2ND FLOOR PLANTATION FL 33324 </div> <div style="width: 50%;"> 7. Name and Address of New Registered Agent Name _____ Street Address (P. O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ </div> </div>																																																					
8. 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. I am familiar with, and accept the obligations of registered agent.																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
<div style="display: flex;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> PVST ARENA, DENNIS J 3208 SOUTHEAST 12TH STREET #302 POMPANO BEACH FL 33062 </td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> _____ _____ _____ _____ </td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ARENA, DENNIS J 3208 SOUTHEAST 12TH STREET #302 POMPANO BEACH FL 33062	Delete <input type="checkbox"/>																						TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
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1st MOORE CR2E034 (10/04)
 4. FEI Number **65-0728076** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 04/28/05-80100-018 150.00

12. I 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis J. Arena, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____