

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000072308 (5)

1. Corporation Name  
JOAQUIN JAVIER ARISTIMUNO, M.D., P.A.



Principal Place of Business  
C/O LESLIE ALAN ROZENCWAIG, P.A.  
1 SOUTHEAST 3RD AVENUE #960  
MIAMI FL 33131

Mailing Address  
C/O LESLIE ALAN ROZENCWAIG, P.A.  
1 SOUTHEAST 3RD AVENUE #960  
MIAMI FL 33131-1716

3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report
4. FEI Number 05-0700723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent  
ROSENCAWIG, LESLIE A  
960 SUNTRUST INTERNATIONAL CENTER  
1 SOUTHEAST THIRD AVENUE  
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL 33131
83. STE. 960	
84. City Miami	

11. Pursuant to the provisions of Sections 607, 609 and 607.1007, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, principal place of business, 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 for the corporation as provided in Section 607.0505, Florida Statutes.

*Leslie Alan Rosencwaig*  
Signature of Agent

2/14/97  
Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE <input type="checkbox"/> DELETE	1.1 TITLE JOAQUIN JAVIER ARISTIMUNO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	1.2 NAME PRESIDENT SECRETARY
3. STREET ADDRESS	1.3 STREET ADDRESS c/o 16.E. 3RD AVE. STE. 960
4. CITY-ST- ZIP	1.4 CITY-ST- ZIP MIAMI, FLA 33131
5. TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY-ST- ZIP	2.4 CITY-ST- ZIP
9. TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY-ST- ZIP	3.4 CITY-ST- ZIP
13. TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY-ST- ZIP	4.4 CITY-ST- ZIP
17. TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY-ST- ZIP	5.4 CITY-ST- ZIP
21. TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY-ST- ZIP	6.4 CITY-ST- ZIP

14. I, the undersigned, 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 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. 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 the F-12 or F-13 of this filing or on an attachment with an address.

SIGNATURE: *Leslie Alan Rosencwaig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97  
941-966-1247  
Date Day or Month

CR2E034 (9/96)