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# FILED
# Mar 25 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 # **P96000092473 (3)**

1. Corporate Name
**MANUEL A ARAN, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~C/O ROLAND SANCHEZ-MEDINA JR.~~<br>~~100 SE 2ND ST 1 INTERNATIONAL PL STE 2800~~<br>~~MIAMI FL 33131~~ | ~~C/O ROLAND SANCHEZ-MEDINA JR.~~<br>~~100 SE 2ND ST 1 INTERNATIONAL PL STE 2800~~<br>~~MIAMI FL 33131-2150~~ |

3. Date Incorporated or Qualified: 11/07/1996
3a. Date of Last Report:
4. FEI Number: 65-0706924 ☐ 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

2. Principal Place of Business
21 509 Miller Road
22 Suite, Apt. #, etc.
23 City & State: Coral Gables, Florida
24 Zip: 33146 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
~~SANCHEZ-MEDINA, ROLAND JR~~
~~ONE INTERNATIONAL PL SUITE 2800~~
~~100 SE 2ND ST~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name: MANUEL A. ARAN
82 Street Address (P.O. Box Number is Not Acceptable): 509 MILLER RD
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: M. ARAN 2/12/97
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| P/D | | 1.2 NAME | |
| Manuel A. Aran | | 1.3 STREET ADDRESS | |
| 509 Miller Road | | 1.4 CITY-ST-ZIP | |
| Coral Gables, Florida 33146 | | | |
| | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. 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 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 a director or officer 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 on an attachment with an address.

**SIGNATURE:** M. ARAN 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #