

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 007 ***150.00

DOCUMENT # P98000070269

1. Entity Name

PAUL A. VIGNOLA, M.D. & ASSOCIATES, P.A.



Principal Place of Business

MT. SINAI MEDICAL CENTER, 4300 ALTON RD.
MIAMI BEACH, FL 33140

Mailing Address

MT. SINAI MEDICAL CENTER, 4300 ALTON RD.
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0858929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLOUCHA, L.M. ESQUIRE
%ATKINSON, DINER, STONE & MANKUTA, P.A.
1946 TYLER STREET
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGNOLA, PAUL A MT. SINAI MEDICAL CENTER, 4300 ALTON RD. MIAMI BEACH, FL 33140
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL VIGNOLA

4/1/2004 (305) 674-2533

Date

Daytime Phone #