

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90029 032 \*\*\*550.00

CR2E034 (5/01)

**DOCUMENT # P99000067502**

1. Entity Name  
**ARNON KRONGRAD, M.D., P.A.**

Principal Place of Business      Mailing Address

**12499 KEYSTONE ROAD**      **12499 KEYSTONE ROAD**  
**NORTH MIAMI FL 33181**      **NORTH MIAMI FL 33181**



2. Principal Place of Business      3. Mailing Address

**2110 Biscayne Blvd.**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 208**

City & State      City & State

**Aventura, FL**

Zip      Country      Zip      Country

**33181**      **USA**

4. FEI Number      Applied For

**65-0942963**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRONGRAD, ARNON**  
**12499 KEYSTONE ROAD**  
**NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D KRONGRAD, ARNON</b>
STREET ADDRESS	<b>12499 KEYSTONE ROAD</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Krongrad, Arnon</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Arnon Krongrad, M.D.**      9/1/01      (305) 936-0474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #