

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S90701

1. Entity Name
MICHAEL A. DIAMOND, M.D., P.A.



Principal Place of Business

7000 SW 97TH AVE
STE 202
MIAMI, FL 33173 US

Mailing Address

7000 SW 97TH AVE
STE 202
MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0524124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M.
9155 S DADELAND BLVD #1012
MIAMI, FL 33156

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDD
NAME	DIAMOND, MICHAEL A.
STREET ADDRESS	7000 SW 97TH AVE #202
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	DIAMOND, SUSAN
STREET ADDRESS	6800 SW 132ND ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000506632
04/27/06-80032-015 8.75

U00000506692
04/27/06-80032-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Michael A. Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06 (305) 279-2256

Date

Daytime Phone #