

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000093184

**Entity Name:** ARIEL ZISMAN, M.D., P.A.

**Current Principal Place of Business:**

2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180

**Current Mailing Address:**

2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180

**FEI Number:** 20-3078954

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARIEL, ZISMAN MD  
2627 NE 203RD STREET  
SUITE 209  
MIAMI, FL 33180 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR.  
Name ZISMAN, ARIEL  
Address 19531 DIPLOMAT DRIVE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARIEL ZISMAN

MD, DIRECTOR

01/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date