

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F77105 (7)**

1. Corporation Name
AMIR H. FATEMI, M.D., P.A.



Principal Place of Business	Mailing Address
% EDWIN PRESSER 4811 BEACH BLVD., STE. 302 JACKSONVILLE FL 32207	% EDWIN PRESSER 4811 BEACH BLVD., STE. 302 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 05/01/1982	3a. Date of Last Report 04/24/1995
--	--

c/o EDWIN PRESSER

2. Principal Place of Business	2a. Mailing Address
21 820 Prudential Drive	26 3986 Boulevard Center Dr.
Suite, Apt. #, etc. 22 Suite 710	Suite, Apt. #, etc. 27 Suite 106
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207	Country 25 USN
Zip 29 32207	Country 30 USA

4. FEI Number 59-2191237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PRESSER, EDWIN
4811 BEACH BLVD., STE. 302
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name Edwin Presser
82 Street Address (P.O. Box Number is Not Acceptable) 3986 Boulevard Center Drive
83 Suite 106
84 City Jacksonville
85 State FL
86 Zip Code 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reins/airing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ABTEHEE, NEZHAT	
STREET ADDRESS	1260 BELAIR DR	
CITY-ST-ZIP	SANTA BARBARA, CA 00000	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	FATEMI, MD AMIR H	
STREET ADDRESS	820 PRUDENTIAL DR / STE - 710	
CITY-ST-ZIP	JACKSONVILLE FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Abtehee, Nezhata	
1.3 STREET ADDRESS	1260 Belair Drive	
1.4 CITY-ST-ZIP	Santa Barbara, CA 00000	
2.1 TITLE	P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fatemi, MD Amir H	
2.3 STREET ADDRESS	820 Prudential Dr. Suite 710	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/24/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Daytime Phone # _____

CR2E034 (12/95)