

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F77105 (7)**

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



Principal Place of Business <b>820 PRUDENTIAL DRIVE 710 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>% EDWIN PRESSER 3966 BOULEVARD CENTER DR., SUITE 106 JACKSONVILLE FL 32207-2821 US</b>
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3. Date Incorporated or Qualified <b>05/01/1982</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2191237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>4417 Beach Boulevard</b> Suite, Apt. #, etc.
22 City & State	27 <b>Suite 310</b>
23 Zip	28 <b>Jacksonville, FL</b>
24 Country	29 <b>32207</b>
25	30 <b>Duval</b>

9. Name and Address of Current Registered Agent

**PRESSER, EDWIN  
3966 BOULEVARD CENTER DRIVE  
SUITE 106  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name <b>Presser, Edwin (No Change)</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4417 Beach Boulevard</b>
83 <b>Suite 310</b>
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32207</b>

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 *[Signature]* **1-9-97**

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4/17/97 904 346-3397**

CR2E034 (9/96)