

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058747

FILED
Apr 30, 2004
Secretary of State

Entity Name: REZA AZARI SAMANI, DDS, P.A.

Current Principal Place of Business:

14444 BEACH BLVD
SUITE 401
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

8262 RIDING CLUB RD
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3461406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZARI-SAMANI, REZA
8262 RIDING CLUB RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAMANI, M. REZA AZARI
Address: 14444 BEACH BLVD SUITE 401
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: ZAHEDI, MARZIEH
Address: 1052 UNIVERSITY BLVD, NO
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ZAHEDI, MARZIEH
Address: 8262 RIDING CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: REZA AZARI SAMANI

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date