

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY - 1 PM 2:12

DOCUMENT # **V49693**

(7)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**SHARON A. BELMAHI, M.D., P.A.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1921 WALDEMERE ST.  
STE. 711  
SARASOTA FL 34239  
US**

3. Date Incorporated or Qualified **07/09/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**1921 Waldemere St**

4. FFI Number **APPLIED FOR**

21. State Apt # etc **711 SARASOTA FL**

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

22. City & State **Florida**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23. Zip **34239** 25. Country **USA**

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. City & State **SARASOTA FL**

9. Name and Address of Current Registered Agent  
**GENSMER, TIMOTHY W  
2831 RINGLING BLVD  
SUITE 210-D  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

*Federal ID NO  
650348016.*

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME <b>D BELMAHI, SHARON A MD</b>	12-2 STREET ADDRESS <b>4489 OAK VIEW DRIVE</b>	13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 CITY, ST, ZIP <b>SARASOTA FL</b>		13-2 STREET ADDRESS	
12-4 NAME		13-3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 STREET ADDRESS		13-4 NAME	
12-6 CITY, ST, ZIP		13-5 STREET ADDRESS	
12-7 NAME		13-6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 STREET ADDRESS		13-7 NAME	
12-9 CITY, ST, ZIP		13-8 STREET ADDRESS	
12-10 NAME		13-9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS		13-10 NAME	
12-12 CITY, ST, ZIP		13-11 STREET ADDRESS	
12-13 NAME		13-12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 STREET ADDRESS		13-13 NAME	
12-15 CITY, ST, ZIP		13-14 STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.0306, Florida Statutes. Further, I 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 manager 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 only in attachment with an address.

SIGNATURE: *Sharon A. Belmahi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR