

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 459031 (1)

1. Corporation Name

ALI A. ZOMORODIAN, M.D., P.A.

Principal Place of Business

3599 UNIVERSITY BLVD.SOUTH
SUITE 905
JACKSONVILLE FL 32216

Mailing Address

3599 UNIVERSITY BLVD.SOUTH
SUITE 905
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1547695

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under R. 189.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

3b. Mailing Address

30

Suite, Apt. #, etc.

31

City & State

32

Zip

33

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
902 SCOTT BLDG-
4611 BEACH BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3986 Boulevard Center Drive

83

Suite 106

84 City

Jacksonville

FL

85 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

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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 as an attachment with my address.

SIGNATURE:

Ali A. Zomorodian, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/95

904-399-5757