

**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 JUN 29 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 506937

1. Corporation Name  
SAKETKOO & PINES, M.D.'S, P.A.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2500 E. HALLANDALE BCH BLVD	28	SAME	7/1/76	1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	SUITE 505	27		59-1674816	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	HALLANDALE, FLORIDA	26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	33009	25	BROWARD	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODARZ SAKETKOO, M.D. 2500 E. HALLANDALE BEACH BLVD. SUITE 505 HALLANDALE, FL. 33009				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* DATE: 6/26/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/T/D	<i>President</i>		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODARZ SAKETKOO			12 NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD.			13 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL. 33009			14 CITY-ST-ZIP			
TITLE	<i>VP/Secretary</i>			21 TITLE	60000150880		
NAME	JACK PINES			22 NAME	-06/30/95--01011--007		
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD.			23 STREET ADDRESS	*****225.00 *****225.00		
CITY-ST-ZIP	HALLANDALE, FL. 33009			24 CITY-ST-ZIP			
TITLE				31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE				41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE				51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE				61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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 110.07(3)(b), Florida Statutes. I do 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 5/10/95 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)