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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90046 015 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 524567

1. Corporation Name

SOHRAI	B GERAMI, M.D., P.A.						
Principal Plac	ce of Business	Mailing Address					01611 017f1 1 50 1
2320 N ORANGE AVE 2320 N ORANGE AVE							
SUITE 201 SUITE 201 ORLANDO FL 32804 ORLANDO FL 32804					DO NOT WEE	E IN THIS SPACE	
OUTWINDO LE	J200 4	ORLANDO FL 32804			3. Date Incorporated or Qualifed	E IN THIS SPACE	
					01/27/1977		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21 26				59-1713197	No	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	Additional equired
City & Sta	ite	City & State			6. Election Campaign Financing	55.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	· ·	_
24	25	29	[30]		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rent Registered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	,
GER	RAMI, SOHRAB		•	ivarile			
2320 N.ORANGE AVE.,#201			8	2 Street Add	ess (P.O. Box Number is Not Acceptable)		
				3	2 3 3 3 5 5 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5	alan aku yan katan ing sa Santa atau katan kat	er ja glast senti. Agget piglings
ORL	ANDO FL 32804		°	"			
**			8	4 City	2 - W. J	FL 85 Zip	Codé
onice or	redistered adent, or both, in the Sta	ate of Florida. Such change was a	authorized b	v the comorat	poration submits this statement for the plants board of directors. I bereby accept	' the annointment as re	nistered l
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered	ligations of, Section 607.0505, Flo	erida Statute	y the corporati ss.	ion's board of directors. I hereby accept	DATE	<u> </u>
agent. I a SIGNATURE 12.	am familiar with, and accept the oblems Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS	E: Registered Ag	y the corporations.	ion's board of directors. I hereby accept	DATE ICERS AND DIRECTO	DRS IN 12
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14. I 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 received 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

::KED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR