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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **588008** **(3)**

1. Corporation Name

**HOSEIN YASREBI, M.D., P.A.**

Principal Place of Business

**3599 S. UNIVERSITY BLVD.**
**#506 WELLS MEDICAL COMPLEX UNIT V**
**JACKSONVILLE FL 32216**

Mailing Address

**3599 S UNIVERSITY BLVD**
**STE 506**
**JACKSONVILLE FL 32216**
**US**

2. Principal Place of Business
21
State Abbreviation
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
State Abbreviation
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **09/29/1978**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **59-1847363** ☐ 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 s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**YASREBI, HOSEIN**
**3599 S. UNIVERSITY BLVD.**
**#506 WELLS MEDICAL COMPLEX UNIT V**
**JACKSONVILLE, FL FL 32209**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1005, 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

DATE

12. OFFICERS AND DIRECTORS

PD
**YASREBI, HOSEIN**
**3599 UNIVERSITY BLVD S , STE 506**
**JACKSONVILLE FL**

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with, and does not qualify 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 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 added to the report with an address.

**SIGNATURE:** X Hosein Yasrebi MD PA. 2-26-96 (904) 396-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hosein Yasrebi, President