2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 588008

Entity Name: HOSEIN YASREBI, M.D., P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

3599 S. UNIVERSITY BLVD.
SUITE 506
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 S UNIVERSITY BLVD
STE 506
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-1847363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

YASREBI, HOSEIN PRES.
3599 S. UNIVERSITY BLVD.
SUITE 506
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOSEIN YASREBI 01/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: YASREBI, HOSEIN
Address: 3599 UNIVERSITY BLVD S , STE 506
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOSEIN YASREBI PRES 01/12/2009
Electronic Signature of Signing Officer or Director Date