

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90010 010 ***150.00

DOCUMENT # 602692 1. Entity Name DIRAN M. SEROPIAN, M.D., P.A.			
Principal Place of Business 1414 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33316		Mailing Address 1414 SOUTHEAST 3RD AVENUE FORT LAUDERDALE, FL 33316	
2. Principal Place of Business 333 SUNSET DRIVE		3. Mailing Address P.O. BOX 30368	
Suite, Apt. #, etc. 802		Suite, Apt. #, etc. 	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33301		Zip 33303-0368	
Country USA		Country USA	
4. FEI Number 59-1347249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEROPIAN, DIRAN M 333 SUNSET DR., #802 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEROPIAN, DIRAN M 1414 S.E. 3RD AVE. FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		DIRAN M. SEROPIAN	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/9/04 Daytime Phone # 9542956150	

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