

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
James B. Madison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604907

(6)

ESFANDIAR SHAFII, M.D. PROFESSIONAL ASSOCIATION



Principal Office

503 W. MARTIN L. KING JR. BLVD.
503 W. BUFFALO
TAMPA FL 33603

Mail Address

503 W. MARTIN L. KING JR. BLVD.
503 W. BUFFALO
TAMPA FL 33603

2	12/31/1996	2a	12/31/1996
21	12/31/1996	26	12/31/1996
22	12/31/1996	27	12/31/1996
23	12/31/1996	28	12/31/1996
24	12/31/1996	29	12/31/1996

9. Name and Address of Current Registered Agent

SHAFII (ESFANDIAR), M.D.
503 W. BUFFALO AVE.
TAMPA FL 33603

3. Date of Appointment of Director 12/31/1973
3a. Date of Last Report 01/24/1995
4. FID Number 59-1508303
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for filing late fees under s. 190.032 Florida Statutes. ☒ Yes ☐ No
10. Name and Address of New Registered Agent

81 New
82 Street Address, P.O. Box Number, or Not Acceptable
83
84 City
FL 85 Zip Code

11. I, the undersigned, as a duly qualified person in the State of Florida, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that the same was prepared by the corporation's board of directors, thereby accepting the appointment to registered agent, I am

Signature

12.

PD
SHAFII (ESFANDIAR), M.D.
503 W. BUFFALO
TAMPA FL
S
SHAFII, MARIAN
503 W. BUFFALO
TAMPA FL

13.

ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. I, the undersigned, do hereby certify that the information given by the corporation and myself herein is true and correct to the best of my knowledge and belief, and that the same was prepared by the corporation's board of directors, thereby accepting the appointment to registered agent, I am

SIGNATURE:

Esfandiar Shafii, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

813 232-3531

CR2E034 (12/95)