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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 604907 (6)
1. Corporation Name
ESFANDIAR SHAFII, M.D. PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address
503 W. MARTIN L. KING JR. BLVD. 503 W. MARTIN L. KING JR. BLVD.
503 W. BUFFALO 503 W. BUFFALO
TAMPA FL 33603 TAMPA FL 33603-3401

3. Date Incorporated or Qualified 12/31/1973 3a. Date of Last Report 01/26/1996
4. FEI Number 59-1508303 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SHAFII (ESFANDIAR), M.D.
503 W. BUFFALO AVE.
TAMPA FL 33603

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
503 W. M.L. KING JR. BLVD
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and fee, if applicable

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME SHAFII (ESFANDIAR), M.D.
STREET ADDRESS 503 W. BUFFALO
CITY - ST - ZIP TAMPA FL
TITLE S ☐ DELETE
NAME SHAFII, MARIAN
STREET ADDRESS 503 W. BUFFALO
CITY - ST - ZIP TAMPA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Esfandiar Shafii* ESFANDIAR SHAFII, M.D. 1/5/97 813-232-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)