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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90041 001 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 648519

M. AZIM ASLAMI, M.D., P.A.

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Principal Pla	ace of Business	Mail	ling Address				1 168116 BILLS BILBE LINE I	1848 1861 B1841 I	DIBIL 61811 BIE1	II OTOTI BIETI TERI
	SITY BLVD SOUTH		UNIVERSITY BLVD SO	OUTH						
SUITE 806	E EL 22216		E 806							
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	1		
2 Principal	Place of Business	20.1	Mailing Address				01/01/1980			
21	r lace of Business	—	Mailing Address				4. FEI Number			Applied For
Suite, Apr	t # etc	26	Suite, Apt. #, etc.				59-1953916			Not Applicable
22	. , , , , ,	27	301te, Apr. #, 8tc.				5. Certifcate of Status Desired		-	Additional
City & Sta	ate		City & State			-	<del> </del>			Required
23		28	on, a calc				6. Election Campaign Financing			May Be
Zip	Country		Zip	Cour	ntrv		Trust Fund Contribution	<del> </del>		to Fees
24	25	29	<b>-</b> -	30	*** 7		8. This corporation owes the cur	rent year In	taṇgible █ <b>X</b> Yes	
1	9. Name and Address of Curr		red Agent	1301		-	Personal Property Tax.  10. Name and Address of New	Dagietara 4		□No
· · · ·					81 N	ame	IV. Hame and Address of New	ragistered	Agent	
ASL	AMI, M. AZIM, M.D.			1						
359	9 UNIVERSITY BLVD SOUTH, S	SUITE 806	TE 806			reet Addre	ess (P.O. Box Number is Not Accept	able)		
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	•			ו	84 C	ity			85 Zip	Code
44 Principal	to the provinces of Sections 607.0	E00 C07	4500 Fly 34 Oct 4				-	<u> </u>		
						med corpo corporatio	pration submits this statement for the n's board of directors. I hereby acce	purpose of	changing it	ts registered
agent. 1 a	am familiar with, and accept the obli	igations of, S	ection 607.0505, Flor	rida Statu	tes.	00.00.00.	and social of directions, Thoraby acce	pt tile appoi	iiiiiiciit as i	egistered
SIGNATURE										I
	Signature, typed or printed name of registered a			_	gent sign	ature required	when reinstating)	DATE		
12.	OFFICERS /	agent and title if ap AND DIRECT	TORS	13.		ature required	when reinstating)  ADDITIONS/CHANGES TO OF			
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14. 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 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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

904) 399-5444