

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Tallahassee, Florida 32399-0001  
(904) 493-0001

APPROVED  
FILED

95 MAY 1 PM 10:25

RECEIVED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07846

(1)

1. CORPORATION NAME

HORMOZ KHOSRAVI, M.D., P.A.

2. FILING OFFICE

UNITED PROFESSIONAL BLDG.  
4123 UNIVERSITY BLVD. S. SUITE #D  
JACKSONVILLE FL 32216

3. MAILING ADDRESS

UNITED PROFESSIONAL BLDG.  
4123 UNIVERSITY BLVD. S. SUITE #D  
JACKSONVILLE FL 32216

4. FILING DATE

21

26. FILING DATE

26

22. FILING DATE

23. FILING DATE

24. FILING DATE

25

27

28

29

30

9. Name and Address of Current Registered Agent

KHOSRAVI, HORMOZ  
4123 UNIVERSITY BLVD. S.  
SUITE D  
JACKSONVILLE FL 32216

|                                              |                                |
|----------------------------------------------|--------------------------------|
| 3. Date of Filing                            | 3a. Date of Filing             |
| 12/01/1980                                   | 03/18/1994                     |
| 4. Filing Fee                                | Request For                    |
| 59-2045056                                   | First Application              |
| 5. Certificate of Incorporation              | \$8.75 Additional Fee Required |
| 6. Certificate of Amendment                  | \$5.00 May Be Added to Fees    |
| 7. Certificate of Change of Name             |                                |
| 8. Certificate of Change of Registered Agent |                                |
| 9. Name and Address of New Registered Agent  |                                |

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the original and all amendments and supplements thereto as the same appear on file in the office of the Secretary of State of the State of Florida, and that the same are in full compliance with the provisions of the laws of the State of Florida relating to the filing of such documents.

FL

4/26/95

12. SIGNATURE

PS  
KHOSRAVI, HORMOZ  
4123 UNIVERSITY BLV S D  
JACKSONVILLE FL

13. SIGNATURE

14. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the original and all amendments and supplements thereto as the same appear on file in the office of the Secretary of State of the State of Florida, and that the same are in full compliance with the provisions of the laws of the State of Florida relating to the filing of such documents.

SIGNATURE: X

Hormoz Khosravi, MD

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR OFFICER

4/26/95 904.737-1920