FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00										
CORPORATION FLORICA DEPARTMENT OF STATE							7.4			
	NNUAL REPORT Sandra B. Mortin						FILED			
i	1995 Secretary of State DIVISION OF CORPORATIONS						DIVISIONE TARY OF S	TATE		
		SECRETARY OF S DIVISION OF CORPOR	ATIONS							
DOCUMENT # F19184 (3)							95 FEB -8 AM 8	: 37		
AHMAD TOUFANIAN, M.D., P.A.										• [.
*			*			•				
Principal Place of Business Mailing Address							-			
1500 N. DIXIE HWY 202 1500 N. DIXIE HWY 202 W PALM BCH FL 33401 W PALM BCH FL 33401							DO NOT WRITE	IN THIS SP	ACE.	
							3. Date Incorporated or Qualified	3a. Date	of Last Repo	ort
2. Principal Pla	nce of Business	2a. Mailing Addr	2a. Mailing Address			02/01/1981 4. FEI Number	1 02/	15/1994	plied For	
21	300 07 20317000	25				59-2067131		<u> </u>	t Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	<u> </u>	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	0	Zip	·			8. This corporation has liability for		under S. 19	99.032,	
24	9. Name and A	ddress of Current F	29 legistered Agent	30	1		Florida Statutes Yes 10. Name and Address of New F		gent	
					81 1	Vamo				
TOUFANIAN, AHMAD MD					82 5	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
1500 NO DIXIE HWY STE 202 WEST PALM BEACH FL 33401					83					
HEST FALIN BEAGITTE 30401					84 (Dity			85 Zip C	oda.
						-		FL	111	
11. Pursuant to or registere	o the provisions of ed agent, or both, i	Sections 607,0502 and the State of Florida.	d 607.1508, Florid Such change was	a Statutes, the ab authorized by the	corpora corpora	ned corpora ation's boar	ation submits this statement for the pu d of directors. Thereby accept the app	rpose of cha ointment as i	nging its regi registered aç	gent, I am
familiar with SIGNATURE _	h, and accept the o	obligations of, Section	607.0505, Flonda	Statutes.						
	Skyralizm, typod or printed	I rounn of registered again and			d Agunt se	praturu regunst	when menstaling)	DATE	DUDEOTORS	5 151 10
12.	OFFICERS AND DIRECTORS PD			13.	IIILE	····	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
NAME	TOUFANIAN, A			1.2 (ARE					
STREET ADDRESS	1500 N DIXIE HWY STE 202				TREET AD					
CITY+ST-7IP TITLE	W PALM BCH., FL 00000			1.4 CHY+ST+ZIP 2.1 HTLE					Change	Addition
NAME				221						
STREET ADDRESS					STREET AD	DRESS				
CHY-ST-ZIP TITLE	-ZIP				ITY-ST-Z	?iP			Change	Addition
NAME					AME					-
STREET ADDRESS	I ADDRESS			33.	STREET AS	DDRESS				
CITY-S1-7IP TITLE	-7P				3.4 City-\$1-78P				Change	Addition
NAME					42 NAME					
STREET ADDRESS	1 ADDRESS				4.3 STHEET ADDRESS					
CITY-ST-ZIP TITLE					4.4 C(TY+S1+Z)P 5.1 Title				Change	Addition
NAMI					5 2 NAME				Land Officially	
STREET ADDRESS				535	OA 11.001	DRESS				
CITY-ST-70P					ily-si-	/IP			Change	Addition
TITLE NAME					O.1 THILE				L-J Griango	☐ Moontain
STREET ADDRESS					TOUCT AD	DRESS				
CHY-SI-ZIP	conth that the	amother to the state of	anda dissa (s		IIIY-SI-		the according state of the Control of the	OTPONS CO.	ido Clatate	Lighter
14. do herab cortify that ooth: that	y ceruly mat the int I the information Inc I um un effer et et	ormation Bupplied Will licated on this annual irretor of the corecret	i idle liling is valunt roport or suppleme lan or the modever	any iumianad and ntalannyai report or truatao embowi	i uoos r is truo rodas	ior quality to any accurat axicuta tisk	or the examption stated in Section 119 to and that my signature shall have the propert as requised by Chapter 607. F	.ur (a)(K), 1:101 Banno logal (Iorkla Blatute	kar autunes Moet na il m is: ond llint i	nado undor nado undor my namo
coulty that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address										
SIGNATURE: 1/2/mad /2// N.D. 2/3/95 (407) 655-6800										
	Biol	NATURE AND TYPED ON P	INTED HAME OF BIOHII	OFFICEITON DINE	1917		txlas	l X	ylima (Texno d	