

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F77105 (7)

1. Corporation Name

AMIR H. FATEMI, M.D., P.A.



Principal Place of Business

Mailing Address

% EDWIN PRESSER
4811 BEACH BLVD., STE. 302
JACKSONVILLE FL 32207

% EDWIN PRESSER
4811 BEACH BLVD., STE. 302
JACKSONVILLE FL 32207

c/o EDWIN PRESSER

3. Date Incorporated or Qualified
05/01/1982

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 820 Prudential Drive

26 3986 Boulevard Center Dr.

4. FEI Number
59-2191237

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 710

27 Suite 106

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32207

25 USN

29 32207

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESSER, EDWIN
4811 BEACH BLVD., STE. 302
JACKSONVILLE FL 32207

81 Name
Edwin Presser

82 Street Address (P.O. Box Number is Not Acceptable)
3986 Boulevard Center Drive

83 Suite 106

84 City Jacksonville FL 85 Zip Code 32207

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

T
NAME ABTEHEE, NEZHAT
STREET ADDRESS 1260 BELAIR DR
CITY-ST-ZIP SANTA BARBARA, CA 00000 ☐ DELETE

PS
NAME FATEMI, MD AMIR H
STREET ADDRESS 820 PRUDENTIAL DR / STE - 710
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
1.1 TITLE
1.2 NAME Abtehee, Nezhath
1.3 STREET ADDRESS 1260 Belair Drive
1.4 CITY-ST-ZIP Santa Barbara, CA 00000 ☐ Change ☐ Addition

P/S
2.1 TITLE
2.2 NAME Fatemi, MD Amir H
2.3 STREET ADDRESS 820 Prudential Dr. Suite 710
2.4 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (12/95)