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FILED
Apr 23 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 # F77105

(7)

1. Corporation Name

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

Principal Place of Business

820 PRUDENTIAL DRIVE
710
JACKSONVILLE FL 32207
US

Mailing Address

% EDWIN PRESSER
3966 BOULEVARD CENTER DR., SUITE 106
JACKSONVILLE FL 32207-2821
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4417 Beach Boulevard
Suite, Apt. #, etc.

27 Suite 310

28 City & State
Jacksonville, FL

29 Zip Country
32207 Duval

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
3966 BOULEVARD CENTER DRIVE
SUITE 106
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
05/01/1982

3a. Date of Last Report
04/30/1996

4. FEI Number

59-2191237

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

10. Name and Address of New Registered Agent

81 Name
Presser, Edwin (No Change)

82 Street Address (P.O. Box Number is Not Acceptable)
4417 Beach Boulevard

83 Suite 310

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 reinstating)

DATE

1-9-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ABTEHEE, NEZHAT
1260 BELAIR DR
SANTA BARBARA, CA 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PS
FATEMI, MD AMIR H
820 PRUDENTIAL DR / STE - 710
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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.

SIG: ATUSE

4/17/97 904.346-3377

CR2E034 (9/96)