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Secretary of State

04-07-1999 90115 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F77105

1. Corporation Name

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



Principal Place of Business 820 PRUDENTIAL DRIVE - 710 JACKSONVILLE FL 32207 US	Mailing Address 4417 BEACH BLVD SUITE 310 JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1982

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 6934 St Augustine Rd

2a. Mailing Address

26 6934 St Augustine Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FLORIDA

Zip

24 32217

Country

25 DUVAL

Zip

29 32217

Country

30 DUVAL

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
4417 BEACH BLVD
SUITE 310
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

☐ DELETE

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

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

904 737 9393

Daytime Phone #

CR2E034 (1/98)