

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F77105

1. Entity Name

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

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90133 027 \*\*\*150.00

**842945**

Principal Place of Business      Mailing Address  
820 PRUDENTIAL DRIVE      4417 BEACH BLVD.  
SUITE 710      SUITE 310  
JACKSONVILLE, FL 32207      JACKSONVILLE, FL 32207  
US      US

2. Principal Place of Business      3. Mailing Address  
6935 St. Augustine Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL 32217

City &amp; State

4. FEI Number  
59-2191237

Applied For

Not Applicable

Zip      Country  
32217      Duval

Zip      Country

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

**6. Name and Address of Current Registered Agent**

PRESSER, EDWIN  
4417 BEACH BLVD.  
SUITE 310  
JACKSONVILLE, FL 32207

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)      ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE      ☐ Delete  
NAME      TABTEHEE, NEZHAT  
STREET ADDRESS      1260 BELAIR DR.  
CITY-ST-ZIP      SANTA BARBARA, CA 00000

TITLE      ☐ Delete  
NAME      PS  
STREET ADDRESS      FATEMI, MD AMIR H  
CITY-ST-ZIP      820 PRUDENTIAL DR/STE-710  
JACKSONVILLE, FL 32207

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☒ Change      ☐ Addition  
NAME      PS  
STREET ADDRESS      FATEMI, MD AMIR H  
CITY-ST-ZIP      6934 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)