

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90085 019 ***150.00

DOCUMENT # F77105

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8853 San Jose Blvd.

3. Mailing Address

8853 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32217

City & State

Jacksonville, FL 32217

4. FEI Number

59-2191237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EDWIN PRESSER

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

8853 San Jose Boulevard

City

Jacksonville

FL

Zip Code
32217

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).** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME**

T

ABTEHEE, NEZHAT

STREET ADDRESS

1260 BELAIR DR.

CITY-ST-ZIP

SANTA BARBARA, CA 00000

**TITLE
NAME**

PS

FATEMI, M.D. AMIR H.

STREET ADDRESS

6934 ST. AUGUSTINE ROAD

CITY-ST-ZIP

JACKSONVILLE, FL 32217

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**TITLE
NAME**

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)