FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G63883** **(4)**

1. Corporation Name

FIRDAUS C. DASTOOR, M.D., P.A.

Principal Place of Business	Mailing Address
C/O FIRDAUS C. DASTOOR, M.D. 590 PASADENA AVE S ST. PETERSBURG FL 33707-9125	C/O FIRDAUS C. DASTOOR, M.D. 590 PASADENA AVE S ST. PETERSBURG FL 33707-9125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1983**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip / Country
24 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip / Country
29 30

4. FEI Number: **59-2327233** ☐ 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

9. Name and Address of Current Registered Agent

DASTOOR, FIRDAUS C.
509 PASADENA AVE S
ST. PETERSBURG FL 33707-9125

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

(If changing Registered Agent, New Registered Agent must sign here) (If changing Registered Agent, Former Registered Agent must sign here) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	DP DASTOOR, FIRDAUS C 6449 38 AVE N S-J-4 ST PETERSBURG, FL 00000	71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	☐ Change ☐ Addition
75 TITLE 76 NAME 77 STREET ADDRESS 78 CITY-ST-ZIP		75 TITLE 76 NAME 77 STREET ADDRESS 78 CITY-ST-ZIP	☐ Change ☐ Addition
79 TITLE 80 NAME 81 STREET ADDRESS 82 CITY-ST-ZIP		79 TITLE 80 NAME 81 STREET ADDRESS 82 CITY-ST-ZIP	☐ Change ☐ Addition
83 TITLE 84 NAME 85 STREET ADDRESS 86 CITY-ST-ZIP		83 TITLE 84 NAME 85 STREET ADDRESS 86 CITY-ST-ZIP	☐ Change ☐ Addition
87 TITLE 88 NAME 89 STREET ADDRESS 90 CITY-ST-ZIP		87 TITLE 88 NAME 89 STREET ADDRESS 90 CITY-ST-ZIP	☐ Change ☐ Addition
91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP		91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. C DASTOOR 5-2-95 813-347-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000032 CP