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FILED
May 16 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 # H75835

(9)

1. Corporation Name

ARTO S. MOURADIAN, M.D., P.A.

Principal Place of Business

412, NORTH ARMENIA AVENUE
TAMPA FL 33607
US

Mailing Address

4121 NORTH ARMENIA AVENUE
TAMPA FL 33607-6433
US

3. Date Incorporated or Qualified
09/13/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 812 W. M.L. King, Blvd

2a. Mailing Address

26 812 W. M.L. King, Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203

27 203

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33603

25 U.S.

29 33603

30 U.S.

4. FEI Number

59-2577932

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

MOURADIAN, ARTO S., M.D.
4121 NORTH ARMENIA AVENUE
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Mouradian, Arto S., M.D.
82 Street Address (P.O. Box Number is Not Acceptable) 812 W. M.L. King, Jr. Blvd.
83 Suite 203
84 City Tampa FL 85 Zip Code 33603

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MOURADIAN, ARTO S. M
STREET ADDRESS 4121 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 812 W. M.L. King Jr. Blvd. #203

1.4 CITY-ST-ZIP Tampa FL 33603

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

CR2E034 (9/96)