1999

DOCUMENT # J54290

HAMID BAGLOO, M.D., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				- I (\$40()# ALB! BTIN! BINS# 2190# INIT DAN BINT BINT BINT BINT BINT BINT BINT BIN
% HAMID BAGI 521 E. CENTRA WINTER HAVEN	L AVE.	% Hamid Bagloo. M.D. 521 E. Central ave. Winter Haven Fl 33880				DO NOT WRITE IN THIS SPACE
	•	•				3. Date Incorporated or Qualifed 01/29/1987
2. Principal Pl	lace of Business	2a. Mailing Address		•		4. FEI Number Applied For
21		26				59-2787622. Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27		+		ree Required
23	O proportion of the second of	City & State	· -			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
—, Zip	Country		ountry	/		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29 30	1			Personal Property Tax.
	9. Name and Address of Currer	it Registered Agent	81	N:	ame	To. Igaine and Address of the Acgistates Agent
BAG	LOO, HAMID			L.	_	<u> </u>
521	E. CENTRAL AVE.		82	St	reet Addres	ess (P.O. Box Number is Not Acceptable)
WINT	TER HAVEN FL 33880		83	1		
			\			
	•		84	l Ci	ty	FL 85 Zip Code
office of reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authoriz tions of, Section 607.0505, Florida St	ed by atutes	tne .	corporation	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			nt sign	ature required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	5 51.125.51.6	TITLE			Change Additi
TITLE NAME	BAGLOO, HAMID		NAME		- 1	
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CITY-ST-ZIP	WINTER HAVEN FL 33880	1	CITY-S			
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NAME		6.2	NAME			•
STREET ADORESS		6.3	STREE	GGA T	RESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP