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Apr 15 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 # J83618 (5) 1. Corporation Name MOHSEN A. RASHDAN, M.D., P.A.			
Principal Place of Business 1000 NW 9TH COURT STE - 105 BOCA RATON FL 33486 US		Mailing Address 1000 NW 9TH COURT STE - 105 BOCA RATON FL 33486-2268 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/17/1987		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2828184		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	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent RASHDAN, MOHSEN A. 801 MEADOWS ROAD SUITE 105 BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name <u>RASHDAN, MOHSEN A.</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1000 NW 9th Court</u> 83 <u>Suite 105</u> 84 City <u>Boca Raton</u> FL 85 Zip Code <u>33486</u>	
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 <u>MOHSEN A. RASHDAN, President</u> <u>M. Rashdan</u> <u>4-9-97</u> Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME RASHDAN, MOHSEN A. STREET ADDRESS 1000 NW 9TH COURT / STE - 105 CITY - ST - ZIP BOCA RATON FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS 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	
TITLE ☐ DELETE NAME STREET ADDRESS 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	
TITLE ☐ DELETE NAME STREET ADDRESS 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: <u>M. Rashdan</u> MOHSEN A. RASHDAN, President <u>4-9-97</u> <u>(561)347-0100</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)