

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K39004 (2)

1. Corporation Name  
BADRI S. SAFAVI, M.D., P.A.



Principal Place of Business  
250 W. 63RD ST., 8TH FL., STE. E  
MIAMI BCH FL 33141

Mailing Address  
250 W. 63RD ST., 8TH FL., STE. E  
MIAMI BCH FL 33141

3. Data Incorporated or Qualified  
10/14/1988

3a. Date of Last Report  
04/28/1995

4. FEI Number  
65-0055915

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

2. Principal Place of Business  
21 250 W 63rd st  
Suite, Apt. #, etc.  
22 8E  
City & State  
23 Miami Beach FL  
Zip  
24 33141

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

9. Name and Address of Current Registered Agent

SAFAVI, BADRI S.  
250 W. 63RD ST., 8TH FL., STE. E  
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SAFAVI, BADRI S.  
STREET ADDRESS 250 W 63RD ST, 8 FL, #E  
CITY-ST-ZIP MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

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95. STREET ADDRESS  
96. CITY-ST-ZIP

97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Badri S. Safavi BADRI S. SAFAVI 4-16-96 305-864-8641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)