SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87872 (3)

6-28-95

1. Corporation Name
M. A. HAJIANPOUR, M.D., P.A.

M A Hajianpour MD

Principal Place of Business	Mailing Address
UNIVERSITY MEDICAL CENTER 7710 NW 71ST COURT, SUITE 103 TAMARAC FL 33321 US	UNIVERSITY MEDICAL CENTER 7710 NW 71ST COURT, SUITE 103 TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 4850 W. Oakland Park Blvd.	26 4840 W. Oakland Park Blvd.
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Lauderdale Lakes, FL 33313	City & State 28 Lauderdale lakes, FL 33313
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0154716 ☐ 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

M A HAJIANPOUR
7710 NW 71 CT #103
TAMARAC FL 33321

4850 W. Oakland Park
Lauderdale Lakes Fl
33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4840 W. Oakland Park Blvd.

83
Suite 201

84 City
Lauderdale Lakes

85 State: FL

Zip Code: 33313

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 M A Hajianpour MD
Signature, typed or printed name of individual and capacity or relationship to corporation if applicable (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDH	11 TITLE	P/S/T/D	XX Change ☐ Addition
NAME	HASIANPOUR, M. A M.D.	12 NAME	M.A. Hajianpour, M.D., P.A.	
STREET ADDRESS	7710 N.W.71ST COURT	13 STREET ADDRESS	4840 W. Oakland Park Blvd., #201	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	Lauderdale Lakes, FL 33313	
TITLE		21 TITLE	D	☐ Change XX Addition
NAME		22 NAME	Michael P. Feanny, M.D.	
STREET ADDRESS		23 STREET ADDRESS	4850 W. Oakland Park Blvd., #201	
CITY-ST-ZIP		24 CITY-ST-ZIP	Lauderdale Lakes, FL 33313	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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: M A Hajianpour MD President (305)735-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0076774 CP