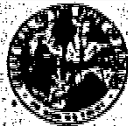


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

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

DOCUMENT # K87872 (3)

1. Corporation Name

M. A. HAJIANPOUR, M.D., P.A.

Principal Place of Business

UNIVERSITY MEDICAL CENTER
7710 NW 71ST COURT, SUITE 103
TAMARAC FL 33321
US

Mailing Address

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

4. FEI Number

65-0154716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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 4850 W. Oakland Park Blvd.

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Lauderdale Lakes, FL 33313

Zip

Country

2a. Mailing Address

26 4840 W. Oakland Park Blvd.

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Lauderdale lakes, FL 33313

Zip

Country

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

FL

85 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

Signature, typewritten name, and address of registered agent

(If signed by registered agent, signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	POH		
	HASIANPOUR, M. A M.D.		
	7710 N.W.71ST COURT		
	TAMARAC FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/S/T/D	M.A. Hajianpour, M.D., P.A.	4840 W. Oakland Park Blvd., #201	Lauderdale Lakes, FL 33313	☒	☐
D	Michael P. Feanny, M.D.	4850 W. Oakland Park Blvd., #201	Lauderdale Lakes, FL 33313	☐	☒

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this form 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 registered agent of the corporation; 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 registered agent of the corporation; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(305) 735-3535