FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90120 022 ***150.00

M. A. HA	AJIANPOUR, M.D., P.A.	·						
Principal Place	e of Business	Mailing Address				I IMBIBITI MAT IMIN IMMA IMIN 18419 (18) DIĞIT ATATL	#(\$11 6 181)	
4850 W OAKLAND PARK BLVD 4840 W OAKLAND PARK BLVD								
STE 201 STE 201			00040	9		DO NOT WRITE IN THIS SE	PACE	
LAUDERDAEL L US	AKES FL 33313	LAUDERDALE LAKES FL.: US	IDERDALE LAKES FL 33313			3. Date Incorporated or Qualifed		
00						05/12/1989		İ
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26				65-0154716	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5:00	Маў Ве
23		28	28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intang		
24	25	29	30			T Cradital Troporty Tax] Yes	□No
	9. Name and Address of Curren	t Registered Agent			Nome	10. Name and Address of New Registered Ag	ent	
HAJIANPOUR, M A 4850 W OAKLAND PARK BLVD				81	Name			
				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
STE 201			,	83				
	DERDALE LAKES FL 33313	/	•	33				
				84	'	FL	- '	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	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	E: Registere	d Ager	nt signature required			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	ρ	☐ DELETE	1.11			L	_ Change	☐ Addition
NAME	HAJIANPOUR, M A MD		- 1	1.2 NAME				1
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313			ITY-S	T-ZIP	F	Change	Addition
TITLE	D	· DELETÉ	2.1 7			į		- Monton
NAME				IAME		•		}
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				CITY-S				
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NAME	}		5.2	IAME		, the state of the		
STREET ADDRESS			5.3 8	TREE	T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DELETE		ITLE			Change	☐ Addition
NAME				VAME				ĺ
STREET ADDRESS			6.3 5	STREE	T ADDRESS			

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 suppliemental 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 apidress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP