

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90102 008 ***158.75

DOCUMENT # L79950

1. Entity Name

AMANOLLAH TABESH, M.D., P.A.



Principal Place of Business

505 DELEON ST.
1
TAMPA FL 33606
US

Mailing Address

505 DELEON ST.
1
TAMPA FL 33606
US



2. Principal Place of Business

7001 N. Dale Mabry Hwy
Suite, Apt. #, etc.
3

3. Mailing Address

7001 N. Dale Mabry Hwy
Suite, Apt. #, etc.
3

1st MOORE

CR2E034 (10/05)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3016032

Applied For

Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TABESH, AMANOLLAH
505 DELEON ST., STE #1
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

AMANOLLAH TABESH

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

7001 N. Dale Mabry Hwy

Suite # 3

City

TAMPA

FL

Zip Code

33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TABESH, AMANOLLAH ☐ Delete
STREET ADDRESS 505 DELEON ST SUITE 1
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME TABESH AMANOLLAH
STREET ADDRESS 7001 N. Dale Mabry Hwy suite 3
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amanollah Tabesh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 813-932-0804

Date

Daytime Phone #