

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90006 044 \*\*\*150.00

**DOCUMENT # L95574**

1. Entity Name  
ASSAD O. MOJTABAE, M.D., P.A.



Principal Place of Business

45 NW 8TH ST  
SUITE 106  
HOMESTEAD, FL 33030 US

Mailing Address

45 NW 8TH ST  
SUITE 106  
HOMESTEAD, FL 33030 US

**44046557**



06092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0223043

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MOJTABAE, S. ASSADOLLAH  
12265 S 98 ST.  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOJTABAE, ASSAD O., MD
STREET ADDRESS	45 NW 8 ST, SUITE 106
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. MOJTABAE

Date

6/14/04 305-296-0713

Daytime Phone #

Irwin B. Freund, C.P.A./PFS  
Lawrence L. Fisher, C.P.A.  
Steven A. Young, C.P.A./PFS  
Steven Goldston, C.P.A./PFS  
Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.



freund,  
fisher,  
goldston  
& co., p.a.

Certified Public Accountants

Attachment 44046557

# L95574

10729 S.W. 104th Street  
Killian Professional Village  
Miami, Florida 33176  
(305) 279-1288  
Fax (305) 596-1372

3111 University Drive  
Suite 720  
Coral Springs, Florida 33065  
(954) 345-8666  
Fax (954) 755-3766

Please Reply To:

Coral Springs

June 11, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: Assad O. Mojtbaee, M.D., P.A.  
Doc#: L95574  
Period: 2004

Gentlemen:

The 2003 Annual Report for above referenced taxpayer was received by the taxpayer and filed timely.

This year the Annual Report notice (postcard) was not received in the mail as a reminder. The taxpayer receives a large volume and does not recall receiving a postcard. I realized the annual report for 2004 was not yet filed upon review of the taxpayer's 2004 disbursements. Unfortunately this occurred after May 1, 2004. Please accept the enclosed Annual Report for the year 2004 with a check for \$150.00.

Thank you

Sincerely,

FREUND, FISHER, GOLDSTON & CO, P.A.

Mitchell Katz  
MK:bs  
Enclosure