


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-15-2004 90005 043 ****61.25

DOCUMENT # N03000003221				
1. Entity Name SOCIETY OF IRANIAN PSYCHIATRISTS OF NORTH AMERICA, INC.				
Principal Place of Business 597 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701		Mailing Address 597 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
5. Name and Address of Current Registered Agent KASHFI, ALI MD 597 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code



MOORE CR2E037 (11/03)

4. FEI Number 56-2344971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ALI A. KASHFI 597 Maitland Ave. Altamonte Springs, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: Ali A. Kashfi President 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #