2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # P00000067641 **Secretary of State** 1. Entity Name MICHAEL M. HASHEMIAN, DMD, MD, PA Principal Place of Business Mailing Address 1214 MARINER BLVD 1214 MARINER BLVD SPRING HILL FL 34609 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number City & State 59-3653244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASHEMIAN, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 1214 MARINER BLVD SPRING HILL FL 34609 Zip Code City 3. 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THLE TITLE Delete HASHEMIAN, MICHAEL M U000000217482 NAME STREET ADDRESS STREET ADDRESS 1214 MARINER BLVD 02/07/05-80027-006 150.00 CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition HILLE TITLE Delete NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP Change Addition | Delete THE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-7IP Addition Delete Tible □ Change ULUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP HHE Change ☐ Addibon TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP

12. 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 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 trusted 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

2/1/05

(352) 688-455 G

FILED