2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000067244 **DOCUMENT #**

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90161 025 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRENÉ V. K	ARDASHIAN, M.D., P.A.				7				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Chry & State City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired \$8,75 Anditional Foot Paragraph Sec. Se	13906 LAKESHO	RE BLVD. SUITE 230	E 230	- 1 						
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Roy A State Country Zip Country S. Certificate of Status Desired Set.75 Additional Foliage Set.75 Ad	Suite, Apt.	ŧ, etc.	Suite, Apt.	#, etc.			☐ CHECK HERE I	MAKING CH	IANGES	
S. Name and Address of Current Registered Agent For Required S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Not Acceptable Sinear Address (P.O. Box Number is Not Acceptable) Sinear Address of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient of registered agent, or both, in the State of Florida. I am familiar win, and accept the decipient wind registered Agent of Regis	City & State		City & State	9		4. FEI	Number 59-3726962			
BRECOTIVE BROTH AND THE STATE OFFICERS AND DIRECTORS IN ILLE COMPANY FILE NOW!! FEE IS 9150.00 Make Chieck Payable to Florida Department for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS 9150.00 Make Chieck Payable to Florida Department of State OFFICERS AND DIRECTORS OTY-ST-2P ITHE NAME SIRRET ANGRESS OTY-ST-2P ITHE NAME SIRRET ANGRESS	Zip	Country	Zip		Country	5. Ce	tificate of Status Desired			
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Street Address (PO, Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forlida. I am familiar with, and accept the obligations of registered agent and see a special provided agent. The special provided agent and see a special provided agent and see a special provided agent. The special provided agent and see a special provided agent and see a special provided agent. The special provided agent and see a special provided agent and see a special provided agent. The special provided agent and see a sp	BIBEI UNK	KRISTINE NY BROTH	MEUSC	MPANY.			ر ۱۳۰۰ می بر می درجه ایا ۱۳۰۰ ۱- استام می درجه از درجه از ۱۳۰۰ میزی در درجه از ۱۳۰۰ میزی در	· · · · · · · · · · · · · · · · · · ·		
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SIGNATURE Squature, typend or printed neare of registered agent and size if applicables. (NOTE Registered Agent signature required when reintating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ***********************************	PURIMICA	FILMON FL	34652	IK.	City			FL	Zip Code	e
SIGNATURE Signature, typend or signature agent and feel it applicable. **IFILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS TITUS TITLE **IREA **IREA **OFFICERS AND DIRECTORS **INTE **	1,	·	 ;		internal office or socio	torod odon	t or both in the State of Flor		iliar with.	and accept
Signature, yeard or printed many of registered agent and the fatherwise. Signature, yeard or printed many of registered agents. Signature, year of registered ag	8. The above the obligati	named entity submits this statement to ons of registered agent.	or the purpose of	changing its reg	istered office of regio	tered agen	i, or both, in the state street			
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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)(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 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:

Daytime Phone # Date