FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 035 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075129

1. Entity Name

ALI BEHZADI, D.M.D, P.A

DO NOT WRITE IN THIS SPACE

90129740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
515 E. Semoran Blvd	515 E. Semoran Blvd.
Suite, Apt. #, etc. Suite #C	Suite, Apt. #, etc. Suite #C
City & State Casselberry Florida	City & State Casselberry Florida
Zip 32707 Country Seminal	Zip 32707 Country Seminal

4. FEI Number 59-3734928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALI BEHZADI

Street Address (P.O. Box Number is Not Acceptable): 211 Promenade circle

City: Lake MARY FL Zip Code 32746

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: Ali Behzadi — 4/28/03 DATE

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

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	P/S/T
NAME	ALI BEHZADI
STREET ADDRESS	211 Promenade circle
CITY-ST-ZIP	Lakemary FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ali Behzadi — 4/28/03 — 407-8314077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #