

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084839

FILED
Jan 06, 2005
Secretary of State

Entity Name: MOSTAFAVI & SCHULICK, MD, P.A.

Current Principal Place of Business:

2623 S. SEACREST BLVD.
STE 118
BOYNTON BEACH, FL 33436

Current Mailing Address:

66 HARBOUR DRIVE NORTH
OCEAN RIDGE, FL 33435

New Principal Place of Business:

2800 S. SEACREST BLVD.
STE 200
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1133141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSTAFAVI, A. GABRIELA ESQ.
66 HARBOUR DRIVE NORTH
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ARMAGHAN MOSTAFAVI, AMY
Address: 66 HARBOUR DRIVE NORTH
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VS () Delete
Name: SCHULICK, ANDREW
Address: 66 HARBOUR DRIVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MOSTAFAVI, ARMAGHAN AMY
Address: 66 HARBOUR DRIVE NORTH
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VS (X) Change () Addition
Name: SCHULICK, ANDREW H
Address: 66 HARBOUR DRIVE NORTH
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMAGHAN MOSTAFAVI

DPT

01/06/2005

Electronic Signature of Signing Officer or Director

Date