FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-16-2004 90083 021 ***750.00
P02000066547

04 MAY -3 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066547

1. Entity Name

ABBAS SHARIAT, M.D., P.A.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address
1361 13th AVENUE SOUTH	1361 13th AVENUE SOUTH
Suite, Apt. #, etc.: 140	Suite, Apt. #, etc.: 140
City & State: JACKSONVILLE BEACH FL	City & State: JACKSONVILLE BEACH FL
Zip: 32250 County: DUVAL	Zip: 32250 Country: USA

DO NOT WRITE IN THIS SPACE
04-28-03 90154 021 $150.00

4. FEI Number: 043692312 ☐ 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: LINGER, DAVID M.

Street Address (P.O. Box Number is Not Acceptable): 302 THIRD STREET SUITE 5

City: NEPTUNE BEACH FL Zip Code: 32266

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.

SIGNATURE: [signature] 4/30/04
Signature required if this is a change of registered agent and/or it is applicable — DATE: Required when signature required when necessary — DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25*
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ABBAS SHARIAT, M.D., P.A. 1361 13th AVENUE SOUTH ~~JACKSONVILLE BEACH, FL 32250~~
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Abbas Shariat M.D. 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date