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FILED
Jun 06, 2005 8:00 am
Secretary of State
04-14-2005 90089 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088359

1. Entity Name
ROSE GARDEN MEDICAL PLAZA, INC.

Principal Place of Business	Mailing Address
3900 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	~~9929 ORCHARD HILLS ROAD~~ JACKSONVILLE, FL ~~32256~~ 32216 3900 University BLVD S

b6U71033

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01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0148357
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHCHI, TOWFIGH

TOWFIGH ASHCHI
8477 GRAYLING DR S
JACKSONVILLE, FL 32256

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIM, SUNWOOK
STREET ADDRESS	PO BOX 24625
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	D
NAME	ESFAHANI, NEGAR
STREET ADDRESS	PO BOX 24625
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	D
NAME	JAHJAH, MONA
STREET ADDRESS	PO BOX 24625
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 d 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: T. Ashchi 4/13/05 (904)493-3333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DIRECTOR OR DIRECTOR — Date — Daytime Phone #

Director Signature:

Kim, Sunwook 6/2/05 904-493-3333