

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111252

FILED
Apr 13, 2004
Secretary of State

Entity Name: ASHCHI MEDICAL SERVICES, P.A.

Current Principal Place of Business:

3627 UNIVERSITY BOULEVARD SOUTH
SUITE 615
JACKSONVILLE, FL 32216

New Principal Place of Business:

9929 ORCHARD HILLS ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

3627 UNIVERSITY BOULEVARD SOUTH
SUITE 615
JACKSONVILLE, FL 32216

New Mailing Address:

9929 ORCHARD HILLS ROAD
JACKSONVILLE, FL 32256

FEI Number: 20-0284937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MAJDI ASHCHI
9929 ORCHARD HILLS ROAD
JACKSONVILLE, FL 32256 US

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: MAJDI ASHCHI

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASHCHI, MAJDI D.O.
Address: 3627 UNIVERSITY BOULEVARD SOUTH #615
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAJDI ASHCHI

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date