

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127842

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** HAGHIGHI FAMILY AND SPORTS MEDICINE, P.A.

**Current Principal Place of Business:**

9191 RG SKINNER PARKWAY  
SUITE 901  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9191 R.G. SKINNER PARKWAY  
SUITE 901  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

9191 RG SKINNER PARKWAY  
SUITE 901  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-3473559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAGHIGHI, MICHAEL  
3554 WATERCHASE WAY EAST  
JACKSONVILLE, FL 32224 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: P ( ) Delete  
Name: HAGHIGHI, MICHAEL  
Address: 3554 WATERCHASE WAY EAST  
City-St-Zip: JACKSONVILLE, FL 32224 US

**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 exemption stated in Chapter 119, 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:** MICHAEL HAGHIGHI

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09/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date