FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	ANNUAL REPORT 1996		Secretary of DIVISION OF COR		ONS					
1	1, Corporation Name	P92000002	2025 (4)							
	M. REZA IRANMANES	H, D.M.D., P.A.								
Principal Place of Business Mailing Address			ng Address	10.00		T TORTHOU HE SOME COME CONTROL ORDIT CONTROL CONTROL TO THE CONTROL OF THE SOUR				
	2814 W. WATERS AVE. TAMPA FL 33614		2814 W. WATERS AVE. TAMPA FL 33614							
						3.	Date Incorporated or Qualified 10/28/1992	3a. Date 04/	of Last I	•
21	2. Principal Place of Business	2a. M 26	Mailing Address			4.	FEI Number 59-3147966			Applied For Not Applicat
22	Suite, Apt. #, etc.	S 27]	Suite, Apt. #, etc.			5.	Certificate of Status Desired			5 Additional Required
23	Oity & State	28	ity & State			6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
24	Ζιρ Co. 1 25	29	ήρ 30	Country			This corporation has liability for i Florida Statutes Yes	□No		s 199.032,
	g Name and Address of Current Registered Agent				·	10. Name and Address of New Registered Agent				
	CHAMBLEE, JOHN J JR. 202 CARDY STREET TAMPA FL 33606	,		81 82 83	Name Street Addres	ss (P.	O. Box Number is Not Acceptab	le)		

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am

84 City

SIGNATURE	Signative, typed or printed name of registerert agent and title if applicable	(NOTE: Registered Agent signature	required when reinstating)	DATE	s
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	RS IN 12
THE	D DEL	ETE 1 1 TITLE		☐ Change	Addition
NAME	IRANMANESH, MOHANNAD REZA	12 NAME			
STREET ADDRESS	4205 CARROLLWOOD VILLAGE	13 STREET ADDRESS			[8
CHY-ST-ZIF	TAMPA FL	14 CITY-ST-ZIP			RS IN 12 Addition
THE	☐ DEL!	ETE 2 1 TITLE		☐ Change	Addition
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CHY-S1-ZIP		24 CITY-ST-ZIP			_
Tillif	DEL	FTE 3 1 TITLE		Change	Addition
NAM!		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CHY-ST-ZP		3.4 CITY - ST - ZIP			
THE	☐ DEL	ETE 4.1 TITLE		☐ Change	☐ Addition
NAME		4 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			·
CITY-ST-7P		4.4 CHY - S1 - ZIP			
1171 F	DEL	ETE 5 1 TITLE		☐ Change	☐ Addition
NAME *		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
City-St-ZiP		5.4 CITY-ST-ZIP			
11ttF	DEI DEI	ETE 6 1 TITLE		☐ Change	☐ Addition
NAME		8 2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS			
CHY SI-ZIP		64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGN	AT	URE
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M. Punt SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-27-96 813 933 67 05

Applied For Not Applicable \$8.75 Additional

Zip Code