## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002025 (4)

M. REZA IRANMANESH, D.M.D., P.A.

Principal Place of Business

Mailing Address

2814 W. WATERS AVE. TAMPA FL 33614

2814 W. WATERS AVE. TAMPA FL 33614

APPROYED AND FILED

1997 JUL 30 PH 2: 07

SECRETARY OF STATE TALLAHASSEE. FLORIDA

3. Date Incorporated or Qualified



3a. Date of Last Report

DO NOT WRITE IN THIS SPACE

|   |   |  |                 |                    |                                  | 10/28/1992  | 03/0                    | /1996               |            |  |
|---|---|--|-----------------|--------------------|----------------------------------|---|-------------------------|---------------------|------------|--|
| 2. Principal Pi                                 | ace of Business                                     | 2a. Mailing Address                                      |                 |                    |                                  | 4. FEI Number   |                         |                     | plied For  |  |
| 21  |   | 26   |                 |                    | 59-3147966                       |   | <del></del>             | t Applicable        |            |  |
| Suite, Apt.                                     | #, etc.   | Suite, Apt. #, etc.                                      |                 |                    | 5. Certificate of Status Desired | □ \$  | <b>8.75</b> A<br>Fee Re | dditional<br>quired |            |  |
| City & State                                    | 9   | City & State   | City & State    |                    |                                  | 6. Election Campaign Financing  |                         | \$5.00              | May Be     |  |
| 23  |   | 28   |                 |                    |                                  | Trust Fund Contribution   |                         | Added t             | o Fees     |  |
| Zip   | Country   | Zip  | Cour            | ntry               |                                  | 8. This corporation owes or has pai   |                         |                     |            |  |
| 24 25 29 30                                     |   |  |                 |                    |                                  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                         |                     |            |  |
| 9, Name and Address of Current Registered Agent |   |  |                 |                    | ame                              | 10. Name and Address of New Reg   | iszeten võe             | nt                  |            |  |
| CHAMBLEE, JOHN J JR.<br>202 CARDY STREET        |   |  |                 |                    | 81 Name                          |   |                         |                     |            |  |
|   | [   | 82 Street Address (P.O. Box Number is Not Acceptable) 83 |                 |                    |                                  |   |                         |                     |            |  |
| TA  | -   |  |                 |                    |                                  |   |                         |                     |            |  |
|   |   |  |                 |                    |                                  |   |                         |                     |            |  |
|   |   |  | i i             | B4 Ci              | ty                               |   | FL®                     | 5 Zip C             | Code       |  |
| 11. Pursuant                                    | to the provisions of Sections 607.050               | 2 and 607.1508. Florida St                               | atutes, the ab  | ove-na             | med corporation                  | pration submits this statement for the property bears of directors. I bereby page       | urpose of cha           | nging its           | registered |  |
| agent. I a                                      | m familiar with, and accept the obline              | ations of, Section 607.0505                              | , Florida Statu | ıles.              | Corporati                        | on's board of directors. I hereby accep   |                         | - A                 | egistered  |  |
| SIGNATURE                                       | unfloge   |  |                 |                    |                                  |   | 7                       |                     | P          |  |
|   | Signature, typed or printed larve of registered age | nt and little if applicable.                             |                 | Agent sig          | nature require                   | d when reinstating)   | DATE COL AND DU         | COTOD               | 0.151.40   |  |
| 12.   | OFFICERS ANI  | DELETE   | 13.             | t                  |                                  | ADDITIONS/CHANGES TO OFFICE   | ERS AND DI              | Change              | Addition   |  |
| 4   | IRANMANESH, MOHANNAD REZA                           |  |                 | 1.2 NAME           |                                  |   | ш                       | CHAINE              |            |  |
| A A A A A A A A A A A A A A A A A A A           |   |  |                 | 1.3 STREET ADDRESS |                                  |   |                         |                     | l i        |  |
| STREET ADDRESS                                  | TAMPA FL  | JE   | •               |                    |                                  |   |                         |                     | ļį.        |  |
| CITY-ST-ZIP<br>TITLE                            | TOWN AT L   | DELETE   | 2.1 TIT         | Y - ST - ZIP       |                                  |   | П                       | Change              | Addition   |  |
| NAME  |   | _ viceit   | 2.2 NAI         |                    |                                  |   | LJ                      | Change              |            |  |
| STREET ADDRESS                                  |   |  |                 | eet addi           | rec l                            | 1000022   | 2575                    | 81.                 | 4          |  |
| CITY-ST-ZIP                                     |   |  |                 | Y-ST-ZIF           | ŀ                                | 1000022<br>-08/05/<br>****18  | 97010                   | 114                 | D14        |  |
| TITLE   |   | DELETE   | 3.1 TITI        |                    |                                  | ***16   | <del>5.00 🖰</del>       | tiang 1 t           | Addition . |  |
| NAME  |   |  | 3.2 NA          | ΜE                 |                                  |   |                         | •                   | _ }        |  |
| STREET ADDRESS                                  |   |  | 3.3 STF         | EET ADDE           | RESS                             |   |                         |                     |            |  |
| CITY-ST-ZIP                                     |   |  |                 | Y-ST-21F           | i i                              |   |                         |                     |            |  |
| TITLE   |   | ☐ DELETE   | 4.1 1(1)        |                    |                                  |   |                         | Change              | ☐ Addition |  |
| NAM <b>(</b>                                    |   |  | 4. 2 NA         | ME                 |                                  |   |                         |                     | Į.         |  |
| STREET ADDRESS                                  |   |  | 4.3 STF         | REET ADDR          | RESS                             |   |                         |                     | }          |  |
| CITY ST-ZIP                                     |   |  | 4.4 CIT         | Y-ST-ZIP           | ,                                |   |                         |                     |            |  |
| TITLE   |   | DELETE   | 5.1 TIT         | .F                 |                                  |   |                         | Change              | Addition   |  |
| NAME  |   |  | 5.2 NAI         | νE                 |                                  |   |                         |                     |            |  |
| STREET ADDRESS                                  |   |  | 5.3 STF         | EET ADDF           | RESS                             |   |                         |                     | İ          |  |
| CITY-ST-ZIP                                     |   |  | 5.4 CIT         | Y-ST-ZIP           | . ]                              |   |                         |                     |            |  |
| TITLE   |   | DELETE   | 6.1 TIT         | LF.                |                                  |   |                         | Change              | ☐ Addition |  |
| NAME  |   |  | 62 NA           | ME                 |                                  |   |                         | A(C)                | 1 P(n)     |  |
| STREET ADDRESS                                  |   |  | 63 STF          | ieet addf          | RESS                             | •   |                         | · Μή                | יעפן       |  |
| CITY-ST-ZIP                                     |   |  | 6.4 CIT         | Y-ST-ZIP           | · _                              |   |                         | ,                   | ,          |  |

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if charged, or on an attachment with an address.

M. REZATRANMANESH Tourson I - To Carelles Plan le affer et That I have pelitand not borne Hopert on 2-25-9/2 Anne 16.2 had yot let as made enclosed plans well be The only for They was the y have to print the and Jes Emmes Brilly M. Phylling