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FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032906 (8)

1. Corporation Name

VARTGEZ MANSOURIAN, M.D., P.A.

Principal Place of Business

Mailing Address

12721 TULIPWOOD CIRCLE
APT-B
BOCA RATON FL 33428
US

12721 TULIPWOOD CIRCLE
APT-B
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1993

4. FEI Number

65-0412776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 951 NW 13th Street

Suite, Apt. #, etc.

22 Suite 2B

City & State

23 Boca Raton, FL

Zip

24 33486

Country

25 U S

2a. Mailing Address

26 951 NW 13th Street

Suite, Apt. #, etc.

27 Suite 2B

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 U S

9. Name and Address of Current Registered Agent

MANSOURIAN, VARTGEZ

6207 LACOSTA DRIVE

APT-B
BOCA RATON FL 33433

12721 Tulipwood Cir

10. Name and Address of New Registered Agent

81 Name

Mansourian, Vartgez

82 Street Address (P.O. Box Number is Not Acceptable)

12721 Tulipwood Circle

83

84 City

Boca Raton

FL

85 Zip Code

33428

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Vartgez Mansourian M.D., P.A.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MPDV
STREET ADDRESS MASNSOURIAN, VARTGEZ
CITY-ST-ZIP 12721 TULIPWOOD CIRCLE
BOCA RATON FL

TITLE ☐ DELETE

NAME CTS
STREET ADDRESS MASNSOURIAN, VARTGEZ
CITY-ST-ZIP 12721 TULIPWOOD CIRCLE
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 changed, or on an attachment with an address.

SIGNATURE

Vartgez Mansourian M.D., P.A.

2/18/98

CR2E034 (10/97)