

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-26-2004 90054 012 ****50.00
02-09-2004 90038 012 ***100.00

DOCUMENT # P93000032906

1. Entity Name
VARTGEZ MANSOURIAN, M.D., P.A.



Principal Place of Business Mailing Address
951 NW 13TH ST 951 NW 13TH ST
STE 2B STE 2B
BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US

24003483



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0412776

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANSOURIAN, VARTGEZ
4420 NW 28 WAY
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | MPDV |
| NAME | MANSOURIAN, VARTGEZ |
| STREET ADDRESS | 4420 NW 28 WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | CTS |
| NAME | MANSOURIAN, VARTGEZ |
| STREET ADDRESS | 4420 NW 28 WAY |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/04 561-997-5230

Date

Daytime Phone #