

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90040 045 ***150.00

A0024850

DO NOT WRITE IN THIS SPACE

DOCUMENT# P95000005814		Feb 20, 2001 8:00 am Secretary of State 02-20-2001 90040 045 ***150.00	
1. Entity Name Reza Samiian, M.D.			
Principal Place of Business 4221 Southpoint Parkway Jacksonville, Florida 32216		Mailing Address	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3293081		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Reza Samiian, M.D. 4221 Southpoint Parkway Jacksonville, Florida 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature]		Date Daytime Phone #	

Attachment DH P95000003814
A0024880

1/30/01

CORPORATE DETAIL RECORD SCREEN

2:38 PM

NUM: P95000005814 ST:FL ACTIVE/FL PROFIT FLD: 01/23/1995
FEI#: 59-3293081

NAME : M. REZA SAMIIAN, M.D., P.A.

PRINCIPAL: 4221 SOUTPOINT PARKWAY

ADDRESS JACKSONVILLE, FL 32216

RA NAME : TROMBERG, FRED

RA ADDR : 4925 BEACH BLVD

ADDR CHG: 03/04/99

JACKSONVILLE, FL 32207

ANN REP : (1998) B 04/08/98 (1999) AY 03/04/99 (2000) A 01/24/00

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: