## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021140 (5)

CENTRAL FLORIDA FAMILY MEDICAL CENTER, P.A.

rincipal Place of Business	Mailing Address 480 HIGHWAY 436 CASSELWAY FL 32707		
480 HIGHWAY 426 Casselberry FL 32707			
1			
Principal Place of Business	2a. Mailing Address		
	26		
Suite, Apt. #, etc	26 Suite, Apt. #, etc.		
2. Principal Place of Business 1 Suite, Apt. #, etc 2 City & State	26		

## **FILED** Apr 24 1998 8:00am Secretary of State



CASSELBERRY FL 32707								
			DO NOT WRITE IN THIS SPACE					
				<ol> <li>Date Incorporated or Qualified</li> <li>02/21/1995</li> </ol>				
2. Principal Place of Business 2a. Mailing Address 2b. 2a. Mailing Address 2b. 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c			4	4. FEI Number			oplied For	
	26			59-3303670		<del></del>	ot Applicable	
V, etc	Suite, Apt. #, etc.							
27				5. Certificate of Status Desired	Ц,		equired	
,	City & State			6. Election Campaign Financing		\$5.00	May Ro	
	28			Trust Fund Contribution		Added		
Country	Zip	Coun	try	8. This corporation owes or has p	aid the current	t year Inl	angible	
25	29	30		Personal Property Tax due Juni	e 30. 🔲 Y	res [	.] Ño	
						int		
		6	Name					
480 HIGHWAY 436 CASSELBERRY FL 32707			82 Street Address (P.O. Box Number is Not Acceptable)					
			Sireer Address (F.O. Box Number is Not Acceptable)					
		8	13					
		ـ ا	14 03					
		le.	Haj City		FI <sup> 8</sup>	i <b>5</b> Zip (	Code	
the provisions of Sections (	607.0502 and 607.1508, Florida Sta	atutes, the abo	ove-named corp	poration submits this statement for the	purpose of ch	anging it	s registered	
egistered agent, or both, in the	he State of Florida. Such change wa	as authorized	by the corpora	ition's board of directors. I hereby acce	pt the appoint	ment as	registered	
irraminar triti, and tiodopt to	to obligations of, dection 007.0000,	, r iorida Statut	.05.					
Signature, typed or printed name of regi	istered agent and title if applicable (f	NOTE Registered A	lgent signature requi	ired when reinstating)	DATE		i	
		13.				RECTOR	IS IN 12	
PSTD	DELETE	1.1 TITLE		1			Addition	
Nabipour, Mehdi		1.2 NAM	Ě			-		
480 HIGHWAY 428		1.3 STRE	ET ADDRESS				[	
CASSELBERRY FL 327	707	1.4 CiTY	- ST - ZIP					
	☐ DELFTE					Change	Addition	
		2.2 NAM	E			•	_	
		2.3 STRE	FT ADORESS					
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	DELETE					Change	Addition	
					سا	onange	☐ Voncion	
		6.3 STREE	: I ADORESS					
	Country 25  9. Name and Address of Sections gistered agent, or both, in the familiar with, and accept the familiar with, and accept the Country of Sections gistered Agent, or both, in the familiar with, and accept the Country of Sections of Sections gistered Agent, or both, in the familiar with, and accept the Country of Sections of Section	Casselway FL 3270  Casselway FL 3270  Casselway FL 3270  Casselway FL 3270  City & State  28  Country  Zip  25  29  9. Name and Address of Current Registered Agent  RPOUR, MEHDI HIGHWAY 438 SELBERRY FL 32707  Othe provisions of Sections 607.0502 and 607.1508, Florida Significant agent and title if applicative  OFFICERS AND DIRECTORS  PSTD  NABIPOUR, MEHDI 480 HIGHWAY 428  CASSELBERRY FL 32707  DELETE  DELETE	Ace of Business  2a. Mailing Address 25  A. etc  Suite, Apt. #, etc.  27  City & State 28  Country 25  29  30  8. Name and Address of Current Registered Agent  IPPOUR, MEHDI HIGHWAY 438 SELBERRY FL 32707  8  Othe provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abort pistered agent, or both, in the State of Florida Such change was authorized in familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, and inclinative with and accept the obligations of, Section 607 0505, Florida Statutes  PSTD  NABPOUR, MEHDI 400 HIGHWAY 428 CASSELBERRY FL 32707  DELETE  11 TITLE 22 NAM 23 STRE 24 pirty 23 STRE 24 pirty 23 STRE 24 pirty 23 STRE 24 pirty 25 NAM 33 FRE 34 CITY  DELETE 51 TITLE 52 NAMI 33 STRE 44 CITY DELETE 51 TITLE 52 NAMI 53 STRE 54 CITY DELETE 51 TITLE 52 NAMI 53 STRE 54 CITY DELETE 61 TITLE 52 NAMI 53 STRE 54 CITY DELETE 61 TITLE 52 NAMI 53 STRE 54 CITY DELETE 61 TITLE 52 NAMI 53 STRE 54 CITY DELETE 61 TITLE 62 NAMI 53 STRE 65 NAMI 55 STRE 66 STRILE 66 STRILE 66 STRILE 67 NAMI 68 STRE 68 STREE 68 STRILE 68 STRILE 68 STREE 68 STRILE 68 S	Ace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  27  City & State 2a. Country  2a. Country  2b. State 2a. Country  2c. Country  2c. Country  2c. State 2a. Country  2c. State 2a. Country  2c. State 2a. Country  2c. State 2a. Country  2c. Country  2c. State 2a. Country  2c. Street Add 2c. Stree	CASSELWAY FL 32707  CASSEL	DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified Q2/21/1995  4. Fit Number  22 Suite, Apri #, etc.  23 City & State  25 City & State  26 Country  27 Country  28 29 Suite Apri #, etc.  27 City & State  28 Country  29 Suite, Apri #, etc.  29 Suite, Apri #, etc.  20 Country  29 Country  29 Suite, Apri #, etc.  20 Country  29 Suite, Apri #, etc.  20 Country  20 Suite, Apri #, etc.  21 Trust Fund Contribution  29 Personal Property fax due Juris 30.  29 Suite, Apri #, etc.  20 Suite, Apri #, etc.  21 Trust Fund Contribution  29 Suite, Apri #, etc.  29 Suite, Apri #, etc.  20 Suite, Apri #, etc.  21 Trust Fund Contribution  29 Suite, Apri #, etc.  20 Suite, Apri #, etc.  21 Trust Fund Contribution  29 Personal Property fax due Juris 30.  20 Personal Property fax due Juris 30.  20 Personal Property fax due Juris 30.  20 Personal Property fax due Juris 30.  21 Name  22 Street Address (F.O. Box Number is Not Acceptable)  30 Personal Property fax due Juris 30.  31 Name  32 Street Address (F.O. Box Number is Not Acceptable)  32 Street Address (F.O. Box Number is Not Acceptable)  33 Street Address (F.O. Box Number is Not Acceptable)  34 City  35 Street Address (F.O. Box Number is Not Acceptable)  36 Determine with, and accept the deligations of Section 667 5656, Forcida Statutes  33 Street Address (F.O. Box Number is Not Acceptable)  34 City  35 Street Address (F.O. Box Number is Not Acceptable)  35 Street Address (F.O. Box Number is Not Acceptable)  36 Street Address (F.O. Box Number is Not Acceptable)  37 Street Address (F.O. Box Number is Not Acceptable)  38 Street Address (F.O. Box Number is Not Acceptable)  39 Street Address (F.O. Box Number is Not Acceptable)  30 Street Address (F.O. Box Number is Not Acceptable)  30 Street Address (F.O. Box Number is Not Acceptable)  31 Street Address (F.O. Box Number is Not Acceptable)  32 Street Address (F.O. Box Number is Not Acceptable)  33 Street Address (F.O. Box Number is Not Acceptable)  34 Street Address (F.O. Box Number is Not Acceptable)  35 Street Address (F.O.	CASSELWAY FL 32707   DO NOT WRITE IN THIS SPACE	

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.

4-16-98 (407) 830-1515