


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000036829					
1. Entity Name RAPHAEL KHORRAN, M.D., P.A.					
Principal Place of Business 512 S DALE MABRY HWY TAMPA FL 33609			Mailing Address 512 S DALE MABRY HWY TAMPA FL 33609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent					
MCQUAY, DAVID JR 110 N LINCOLN AVE TAMPA FL 33609					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
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. 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 _____					



MOORE CR2E034 (11/03)

4. FEI Number **59-3321026** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	KHORRAN, RAPHAEL	
STREET ADDRESS	512 S DALE MABRY HWY	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KHORRAN, BARBARA J	
STREET ADDRESS	512 S DALE MABRY HWY	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000000118567			
	04/19/04-800655-011			150.00
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

4/19/04