

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000050022 (9)**

1. Corporation Name

ALI REZA ZARGARAN, M.D., P.A.



Principal Place of Business

Mailing Address

~~2010 N.E. 60TH STREET
FT. LAUDERDALE FL 33308~~

~~2010 N.E. 60TH STREET X
FT. LAUDERDALE FL 33308~~

2. Principal Place of Business

2a. Mailing Address

21 **50 N.E. 26th Avenue**

26 **50 N.E. 26th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 203**

27 **# 203**

City & State

City & State

23 **Pompano Beach, FL**

28 **Pompano Beach, FL**

Zip

Zip

Country

Country

24 **33062**

29 **33062**

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

4. FEI Number

65-0592113

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 has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**ZARGARAN, ALI R
2010 N.E. 60TH STREET
FT. LAUDERDALE FL 33308**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the agent)

Signature of Officer or Director (must be signed by the officer or director)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. TITLE **D/P**
NAME **Zargaran, Ali R.**
STREET ADDRESS **2010 N.E. 60th Street Ft. Laud. FL**
CITY-ST-ZIP **33308**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ali Reza Zargaran, M.D.

President

(954)942-8987

CR2E034 (12/95)