

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90014 043 \*\*\*150.00

0022734

**DOCUMENT # P97000021537**  
 1. Entity Name  
**SEIED ALI SAFI, M.D., P.A.**

Principal Place of Business <b>9770 OLD BAYMEADOWS ROAD, SUITE 109 JACKSONVILLE FL 32256</b>	Mailing Address <b>9770 OLD BAYMEADOWS ROAD, SUITE 109 JACKSONVILLE FL 32256</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3442982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **POURAN SAFI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8017 WOODGROVE RD.**  
 City **JACKSONVILLE FL** Zip Code **32256**

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 **Seied Ali SAFI, M.D. P.A.** *S. Ali Safi M.D.* DATE **1.13.01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PSTD SAFI, SEIED ALI M.D. 9770 OLD BAYMEADOWS ROAD, SUITE 109 JACKSONVILLE FL 32256</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *S. Ali Safi M.D.* **Seied Ali SAFI, M.D. PA** (904) 564-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1.13.01** Daytime Phone #

CR2E034 (10/00)