

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021537

FILED
Jan 26, 2004
Secretary of State

Entity Name: SEIED ALI SAFI, M.D., P.A.

Current Principal Place of Business:

9770 OLD BAYMEADOWS ROAD, SUITE 109
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9770 OLD BAYMEADOWS ROAD, SUITE 109
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3442982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFI, POURAN
8017 WOODGROVE RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SAFI, SEIED ALI M.D
Address: 9770 OLD BAYMEADOWS ROAD, SUITE 109
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEIED ALI SAFI MD

DR

01/26/2004

Electronic Signature of Signing Officer or Director

Date