


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90184 015 \*\*\*150.00

<b>DOCUMENT # P97000021537</b>	
1. Entity Name SEIED ALI SAFI, M.D., P.A.	


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

6. Name and Address of Current Registered Agent SAFI, POURAN 8017 WOODGROVE RD JACKSONVILLE, FL 32256	
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40066512



04242006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3442982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAFI, SEIED ALI M.D 9770 OLD BAYMEADOWS ROAD, SUITE 109 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u>S. ALI SAFI M.D.</u>	4.24.06 - 19041.564-2702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT

40066312

# ~~997000021537~~  
EIN. 59-3442982

SEIEN ALI SAFI, M.D. PA

3963

DATE 1.17.06

PAY TO Florida Department of State

FOR 2006 Corporate Annual Report

TOTAL

THIS CHECK 150.00

OTHER TRANS +/-

BALANCE

BALANCE BROUGHT FORWARD

DEPOSITS

TAX DEDUCTIBLE ☐

© HARLAND (100-1) BLUE

LIST SOURCE OF DEPOSITS AND INFORMATION ABOUT EXPENDITURES ON BACK OF PRECEDING STUBS

TO → FLORIDA. Dept of State

I have mailed another check on 1.17.06

# WACHOVIA check # 3963

it does not show it has been deposited  
by Florida Dept of State ?

So. I am sending another check today  
4.24.06

Please if you know what has happened  
let me know

Thank you

S. Ali Safi, MD PA

9770 Old Baymeadows Rd #109  
Jacksonville, FL 32256

Tel. 904-564-2700