2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# P97000034366

Entity Name: HIREZI & HIREZI, D.M.D., P.A.

Current Principal Place of Business:

4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3456705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIREZI, NABIL
4495 BAYMEADOWS RD
SUITE 9 & 10
JACKSONVILLE, FL 32217 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIREZI, NABIL DMD
Address: 9226 SAFFRON COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VS ( ) Delete
Name: HIREZI, FLOR DMD
Address: 9226 SAFFRON COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: CPA ( ) Delete
Name: HIREZI-HARB, MARY
Address: 5702 VICKSBURG DR
City-St-Zip: BATON ROUGE, LA 70817

Title: M ( ) Delete
Name: MIRONCHIC, LOTTA
Address: 4495 BAYMEADOWS
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: M (X) Change ( ) Addition
Name: DESCALLAR, LOTTIE
Address: 4495 BAYMEADOWS
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOTTIE M DESCALLAR OM 05/29/2009
Electronic Signature of Signing Officer or Director Date