

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90159 017 \*\*\*150.00

**DOCUMENT # P97000034366**

**1. Entity Name**  
**HIREZI & HIREZI, D.M.D., P.A.**

**(ADDRESS CHANGE)**



**Principal Place of Business**

**511 BAYMEADOWS ROAD  
SUITE 8**

**JACKSONVILLE FL 32217**

**US**

**Mailing Address**

**5111 BAYMEADOWS ROAD  
SUITE 8**

**JACKSONVILLE FL 32217**

**US**

**2. Principal Place of Business**

**4495 BAYMEADOWS RD**

**3. Mailing Address**

**4495 BAYMEADOWS RD**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**JACKSONVILLE, FL**

**City & State**

**JACKSONVILLE, FL**

**Zip**

**32217**

**Country**

**FL**

**Zip**

**32217**

**Country**

**4. FEI Number**

**59-3456705**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HIREZI, NABIL**

**9226 SAFFRON CT.**

**JACKSONVILLE FL 32257**

**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**

**Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**HIREZI, NABIL**

**3-24-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HIREZI, NABIL J DMD</b>	
<b>STREET ADDRESS</b>	<b>9226 SAFFRON COURT</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32257</b>	
<b>TITLE</b>	<b>DST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HIREZI, FLOR D DMD</b>	
<b>STREET ADDRESS</b>	<b>9226 SAFFRON COURT</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32257</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**HIREZI, NABIL J DMD**

**3-24-03 904-733-9191**

**Date**

**Daytime Phone #**

CR2E034 (10/02)

*Attachment* 96062584  
197000034366

**Hirezi Family Dentistry**  
904-733-9191  
904-733-9192 Fax

**Florida Department of State**  
**Division of Corporations**  
P.O. Box 6327  
Tallahassee, FL 32314-6327

## **Notice of Change of Address**

*This is to officially inform your office that Hirezi Family Dentistry located at 5111-8 Baymeadows Road, Jacksonville, FL 32217 has moved to a new location. Our new physical address is*

**4495 Baymeadows Road**  
**Jacksonville, Florida 32259**

*Please forward or mail any correspondence to the above address.*  
*Thank you .*

**Lottie Mironchik**  
**Office Manager**

**3/2/03**