

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91043 007 ***150.00

DOCUMENT # P97000063662 1. Entity Name FLORIDA NEUROVASCULAR INSTITUTE, P.A.					
Principal Place of Business HARBOURSIDE MEDICAL TOWER 4 COLUMBIA DRIVE # 200 TAMPA, FL 33606			Mailing Address HARBOURSIDE MEDICAL TOWER 4 COLUMBIA DRIVE # 200 TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3458987			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALBAKRI, ERFAN A M.D. HARBOURSIDE MEDICAL TOWER 4 COLUMBIA DRIVE #200 TAMPA, FL 33606			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ALBAKRI, ERFAN A M.D. 4 COLUMBIA DRIVE 200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.					
SIGNATURE:			Date: 4/27/04 Daytime Phone: 813/350-9101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					