FILE NOW: FILING FEE AFTER MAY 1ST LS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027137

Country

9. Name and Address of Current Registered Agent

25

2878 N.W. 30TH STREET

. Corporation Name

ARYIA AMINI, D.M.D., P.A.

Princ	cipai	Place	OI	Busine
2878	N.W.	30TH	ST	REET
DAC	DAT	ON E	2	2424

2. Principal Place of Business

AMINI, ARYIA

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2878 N.W. 30TH STREET BOCA RATON FL 33434

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90128 037 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/24/1998 4. FEI Number Applied For 65 0830436 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

83 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

82

30

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME AMINI, ARYIA NAME 1.3 STREET ADDRESS 2878 N.W. 30TH STREET STREET ADDRESS **BOCA RATON FL 33434** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 21 DTI F ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 5.1 TTTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-23P CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2//99

561-999908

Daytime Phone #

CR2E034 (11/98)

Zip Code

85