منسسسه

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000095716

1. Entity Name

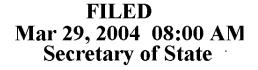
FARIBA GHAZIZADEH, M.D. AND JAD NASER, M.D., P.A.



Principal Place of Business

Mailing Address

7075 RADIO ROAD NAPLES, FL 34104 7075 RADIO ROAD NAPLES, FL 34104





DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHAZIZADEH, FARIBA 7075 RADIO ROAD NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plons of registered agent.	surpose of changing its regi	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
title name street address city-st-zip	D GHAZIZADEH, FARIBA 7075 RADIO ROAD NAPLES, FL 34104				09/29/04-80053-02	5 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASER, JAD 7075 RADIO ROAD NAPLES, FL 34104					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						٤
TITLE NAME STREET ADDRESS CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information						

12. Thereby 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

SNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (239)455-955