


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 036 ***150.00

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1. Entity Name
FARIBA GHAZIZADEH, M.D. AND JAD NASER, M.D., P.A.



Principal Place of Business
7075 RADIO ROAD
NAPLES, FL 34104

Mailing Address
7075 RADIO ROAD
NAPLES, FL 34104

60022939

2. Principal Place of Business
6635 Hillway Circle
Suite, Apt. #, etc.
400

3. Mailing Address
6635 Hillway Circle
Suite, Apt. #, etc.
400

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34112 Country
USA

Zip
34112 Country
USA



03022006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0876273

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6635 Hillway Circle #400

City
NAPLES FL Zip Code
34112

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, 2006 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 GHAZIZADEH, FARIBA 7075 RADIO ROAD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>240 Spring line Dr</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>NAPLES, FL 34102</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASER, JAD 7075 RADIO ROAD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>240 Spring line Dr</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>NAPLES, FL 34102</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* *3/23/06* *239-455-9550*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #