

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067388

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: SHAHRIAR A. NABIZADEH, M.D., P.A.

## Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH  
STE 507  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

11512 LAKE MEAD AVE  
STE 601  
JACKSONVILLE, FL 32256

## Current Mailing Address:

PO BOX 551260  
JACKSONVILLE, FL 32255

## New Mailing Address:

11512 LAKE MEAD AVE  
STE 601  
JACKSONVILLE, FL 32256

FEI Number: 59-3590543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N  
5150 BEFORT RD  
BLDG 100  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NABIZADEH, SHAHRIAR A M.D.  
Address: 3599 UNIVERSITY BLVD. SOUTH, STE507  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NABIZADEH, SHAHRIAR A M.D.  
Address: 11512 LAKE MEAD AVE STE 601  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHRIAR A NABIZADEH MD

D

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date