

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000077666

1. Entity Name

HASHEM SEDAGHATPOUR, D.M.D., P.A.



Principal Place of Business

2840 NORTH OCEAN BLVD
907
FORT LAUDERDALE, FL 33308

Mailing Address

2840 NORTH OCEAN BLVD
907
FORT LAUDERDALE, FL 33308



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1738277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEDAGHATPOUR, HASHEM
2840 NORTH OCEAN BLVD
907
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

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

000000116605
04/16/04-80071-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEDAGHATPOUR, HASHEM
STREET ADDRESS 2840 NORTH OCEAN BLVD SUITE 907
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
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12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hashem Sedaghatpour 4/13/04