

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90382 042 ***150.00

DOCUMENT # P99000093769
1. Entity Name
ROBERT B. DEHGAN, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2730 US 1 South		3. Mailing Address 2730 US 1 South	
Suite, Apt. #, etc. Unit C		Suite, Apt. #, etc. Unit C	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32086	Country US	Zip 32086	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625299	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MOTOLAW, Inc.
Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street, Suite 2500
City Jacksonville
State FL
Zip Code 32202

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.
by: **Robert G. Shaffer, II, President**

SIGNATURE *Robert G. Shaffer, President* DATE **4/5/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert B. Dehgan, M.D. 2730 US 1 South, Unit C St. Augustine, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowers.

SIGNATURE: *Robert B. Dehgan, M.D.* DATE: **4-12-02** (904) 794-9180

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

ATTACHMENT

AKERMAN SENTERFITT

ATTORNEYS AT LAW

50 NORTH LAURA STREET

SUITE 2500

JACKSONVILLE, FLORIDA 32202

PHONE (904) 798-3700 • FAX (904) 798-3730

<http://www.akerman.com>

Direct Line: (904) 598-8617
e-mail: laustin@akerman.com

April 17, 2002

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: 2002 Uniform Business Report
Robert B. Dehgan, M.D., P.A.
Document Number P99000093769

Dear Sir or Madam:

Enclosed for filing is the 2002 Uniform Business Report and check for the appropriate filing fee for the above referenced entity.

Thank you for your immediate attention in the filing of these reports.

Sincerely,

AKERMAN SENTERFITT

Laura W. Austin

Laura W. Austin, Paralegal

LA
Enclosures