


2-6-97 B-1482 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S84431 (3)</b> 1. Corporation Name <b>ABDOLLAH IRAVANI, MD, PA</b>			
Principal Place of Business <b>1720 S ORANGE AVE SUITE 401 ORLANDO FL 32806 US</b>		Mailing Address <b>1720 S ORANGE AVE SUITE 401 ORLANDO FL 32806-2867 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>09/30/1991</b>		3a. Date of Last Report <b>09/27/1996</b>	
4. FEI Number <b>59-3079368</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>IRAVANI ABDOLLAH M.D. 1720 S ORANGE AVE STE 401 ORLANDO FL 32806</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>DPS</b>	<b>IRAVANI, ABDOLLAH</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1720 S ORANGE AVE., STE. 401</b>	<b>ORLANDO FL</b>	12 NAME	
<b>1720 S ORANGE AVE., STE. 401</b>	<b>ORLANDO FL</b>	13 STREET ADDRESS	
<b>ORLANDO FL</b>		14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T</b>	<b>IRAVANI, ABODOLLAH</b>	22 NAME	
<b>1720 S ORANGE AVE., STE. 401</b>	<b>ORLANDO FL</b>	23 STREET ADDRESS	
<b>ORLANDO FL</b>		24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <b>Abdollah Iravani, M.D.</b> 1/30/97			

CR2E034 (9/96)