Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90002 023 ***550.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S84431**

1. Corporation Name

Principal Place of Business

ABDOLLAH IRAVANI, MD. PA

615 EAST PRINCETON ST SUITE 401 - 47 5 2 0 ORLANDO FL 32803 US		SUITE 4	615 PRINCETON ST SUITE 497 # 5 Z D ORLANDO FL 32803 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/30/1991				
2. Principal P	Place of Business	2a. Mai	2a. Mailing Address				El Number			Applied For	
21		26					59-3079368			Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						\$8.75	Additional	
22	.,	├ ~~	27				Certifcate of Status Desired			Required	
City & Stat	le		City & State				Election Campaign Financing		\$5.0	0 May Be	
23		28	28				rust Fund Contribution			d to Fees	
Zip	Country	Zip				8. 1	This corporation owes the curr	ent year Inta	ngible		
24	25	30	30			Personal Property Tax. Yes No					
	9. Name and Address of Curre	ıt Registere	d Agent			10. 1	Name and Address of New R	egistered A	gent		
					Nar	me					
	ANI, ABDOLLAH M PA					eet Address (P.0	Address (P.O. Box Number is Not Acceptable)				
	EAST PRINCETON ST									<u>_</u> i	
	49+ = +520				3						
ORL	ANDO FL 32803							FL.	85 Zi	p Code	
					<u> </u>						
office or a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. S	uch change was auth	orized by	the co	ned corporation orporation's boa	submits this statement for the rd of directors. I hereby accep	t the appoin	tment as	registered	
SIGNATURE						ture required when reis	-4-4	DATE			
12.	Signature, typed or printed name of registered age OFFICERS AI			13.	int signati		ODITIONS/CHANGES TO OF		DIREC	TORS IN 12	
TITLE	DPS	10 01112010	DELETE	1.1 TITLE					☐ Chang		
NAME	IRAVANI, ABDOLLAH		_	1.2 NAME						1	
STREET ADDRESS	A4C CAAT DOWNCTON AT	#520		1.3 STREE	T ADDRE	FSS					
CITY-ST-ZiP	ORLANDO FL 32803			1.4 CITY-S						ĺ	
TITLE	0112 1120 12 02000		DELETE	2.1 TITLE			<u> </u>		☐ Chang	e Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	TADDRE	ESS				ľ	
CITY-ST-ZIP	[2. 4 CITY-						ļ	
TITLE			DELETE	3.1 TITLE	<u> </u>	 -			Chang	e Addition	
NAME			•	3.2 NAME			•				
STREET ADDRESS				3.3 STREE	TADDRE	ESS					
CITY-ST-ZIP				3.4. CITY+	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE	-				☐ Chang	e	
NAME				4. 2 NAME						1	
STREET ADDRESS				4.3 STREE	TADDRE	ESS					
CITY-ST-ZIP				4.4 CITY- S	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE				-	Chang	e Addition	
NAME	1			5.2 NAME						1	
STREET ADDRESS				5.3 STREE	TADORE	ESS				ļ	
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE					Chang	e Addition	
	1			CONME		I .					

14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP