



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M33365 1. Entity Name BEHRUZE RUYANI, M.D., P.A.	
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Principal Place of Business 1150 NORTH 35TH AVENUE SUITE 245 HOLLYWOOD, FL 33021	Mailing Address 1150 NORTH 35TH AVENUE SUITE 245 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

	
04142008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2678627	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

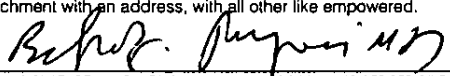
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000913568
05/08/08-80021-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUYANI, BEHRUZE 1150 NORTH 35TH STREET., #245 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-18-08** **954-989-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #