2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY_ST-7iP

SIGNATURE:

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P00000033924 1. Entity Name M. I. YAMANI, M.D., P.A. Principal Place of Business Mailing Address 3012 WHITNEY ROAD 3012 WHITNEY ROAD CLEARWATER, FL 33760 CLEARWATER, FL 33760 CR2E034 (10/03) 03042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3644247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YAMANI, M I M.D. 3012 WHITNEY ROAD CLEARWATER, FL 33760 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 04/04/05-80093-002 150.00 TITLE D YAMANI, M I M.D. NAME STREET ADDRESS 3012 WHITNEY ROAD CLEARWATER, FL 33760 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 ampowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED