

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000086087

1. Entity Name
 MOURADI ELCHAHAL, M.D., P.A.



Principal Place of Business
 13601 BRUCE B. DOWNS BLVD.
 TAMPA, FL 33613

Mailing Address
 13601 BRUCE B. DOWNS BLVD.
 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3746141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELCHAHAL, MOURADI M.D.
 13601 BRUCE B. DOWNS BLVD.
 TAMPA, FL 33613

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELCHAHAL, MOURADI M.D. 13601 BRUCE B. DOWNS BLVD. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000075949
 03/04/04-80008-008 150.00

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12. 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mouradi Elchahal M.D. PA* 3/1/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #