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SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -7 AM 8:28

2005 FOR PROFIT CORPORATION ANNUAL REPORT

20061440



06212005 Chg-P CR2E034 (10/03)

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	
2. Principal Place of Business 13801 BRUCE B. DOWNS BLVD		3. Mailing Address 13801 BRUCE B. DOWNS BLVD.	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33613	Country USA	Zip 33613	Country USA
4. FEI Number 59-3746141		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	Zip Code
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 <i>Mouradi Elchahal</i>		SIGNATURE <i>Mouradi Elchahal</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
DATE 6/30/05		DATE 6/30/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ELCHAHAL, MOURADI M.D.		NAME	
STREET ADDRESS 13601 BRUCE B. DOWNS BLVD.		STREET ADDRESS 13801 BRUCE B. DOWNS BLVD, STE 104	
CITY-ST-ZIP TAMPA, FL 33613		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: <i>Mouradi Elchahal</i>		SIGNATURE: <i>Mouradi Elchahal</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date	
Daytime Phone #		Daytime Phone #	