


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000086087
 1. Entity Name
 MOURADI ELCHAHAL, M.D., P.A.



Principal Place of Business
 13801 BRUCE B. DOWNS BLVD., #104
 TAMPA, FL 33613

Mailing Address
 13801 BRUCE B. DOWNS BLVD., #104
 TAMPA, FL 33613



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
 13801 BRUCE B. DOWNS BLVD., #104
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

DATE
 04/08/06-R0032-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELCHAHAL, MOURADI M.D. 13801 BRUCE B. DOWNS BLVD., #104 TAMPA, FL 33613
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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: *Mouradi Elchahal* (3/20/06