

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90011 007 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

40114509



08202008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P0100086087</b>			
1. Entity Name <b>MOURADI ELCHAHAL, M.D., P.A.</b>			
Principal Place of Business <del>13801 BRUCE B. DOWNS BLVD., #104</del> TAMPA, FL 33613		Mailing Address <del>13801 BRUCE B. DOWNS BLVD., #104</del> TAMPA, FL 33613	
2. Principal Place of Business - No P.O. Box # <b>16602 MILLAN DE AVILA</b> Suite, Apt. #, etc.		3. Mailing Address <b>16602 MILLAN DE AVILA</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>	
Zip <b>33613</b>		Zip <b>33613</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3746141</b>		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 <b>ELCHAHAL, MOURADI M.D.</b> <del>13801 BRUCE B. DOWNS BLVD., #104</del> <del>TAMPA, FL 33613</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16602 MILLAN DE AVILA</b> City <b>TAMPA</b> FL Zip Code <b>33613</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ELCHAHAL, MOURADI M.D.</b> <del>13801 BRUCE B. DOWNS BLVD., #104</del> <b>TAMPA, FL 33613</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16602 MILLAN DE AVILA</b> <b>TAMPA, FLORIDA 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mouradi Elchal</i>		Date: <b>8/20/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	