


FILED
Sep 11, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000086918
 1. Entity Name
MONA ARABI, MD, PA



Principal Place of Business C/O ROB LYTHE 500 NW 43RD STREET, STE 3 GAINESVILLE, FL 32607	Mailing Address C/O ROB LYTHE 500 NW 43RD STREET, STE 3 GAINESVILLE, FL 32607
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09062006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0801651	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

**ARABI, MONA
 C/O ROB LYTHE
 500 NW 43RD STREET, STE 3
 GAINESVILLE, FL 32607**

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 _____
Signature, typed or printed name of registered agent; and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARABI, MONA 500 NW 43RD STREET, STE 3 GAINESVILLE, FL 32607
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 09/11/06-80004-010 550.00

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: *Mona Arabi* **9-8-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #