

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086918

Entity Name: MONA ARABI, MD, PA

FILED
Jun 04, 2007
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

C/O ANN COBB
2469 COUNTY ROAD ,401A
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

C/O ANN COBB
2469 COUNTY ROAD ,401A
LAKE PANASOFFKEE, FL 33538

FEI Number: 55-0801651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARABI, MONA
C/O ANN COBB
2469 COUNTY ROAD ,401A
LAKE PANASOFFKEE, FL 33538 US

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.

SIGNATURE: ANN COBB

06/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARABI, MONA
Address: 500 NW 43RD STREET, STE 3
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ARABI, MONA
Address: 2469 COUNTY ROAD ,401A
City-St-Zip: LAKE PANASOFFKEE, FL 33538

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA N ARABI

MD

06/04/2007

Electronic Signature of Signing Officer or Director

Date