


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 0
Secretary of

DOCUMENT # P02000086918

1. Entity Name
MONA ARABI, MD, PA



Principal Place of Business Mailing Address

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



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0801651 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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: *Mona Arabi* DATE: 4-29-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	ARABI, MONA
STREET ADDRESS	2469 COUNTY ROAD, 401A
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/03/08-80031-016 150.00

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* DATE: 4-29-08 Daytime Phone #: (313) 506-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR