


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 003 ***150.00

DOCUMENT # 504803 1. Entity Name ALI R. GHAHRAMANI, M.D., P.A.					
Principal Place of Business 5757 NORTH DIXIE HIGHWAY FT. LAUDERDALE, FL 33334			Mailing Address 5757 NORTH DIXIE HIGHWAY FT. LAUDERDALE, FL 33334		
2. Principal Place of Business 5601 N. DIXIE HWY.		3. Mailing Address 5601 N. DIXIE HWY.			
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL			
Zip 33334		Country USA		Zip 33334	
Country USA		4. FEI Number 59-1697329			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GHAHRAMANI, ALI R. 5757 NORTH DIXIE HIGHWAY FT. LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name GHAHRAMANI, ALI R. Street Address (P.O. Box Number is Not Acceptable) 5601 N. DIXIE HWY. SUITE 202 City FT. LAUDERDALE FL Zip Code 33334		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GHAHRAMANI, ALI R. 5757 NORTH DIXIE HWY FT. LAUDERDALE FL, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GHAHRAMANI, ALI R 5601 NORTH DIXIE HWY, SUITE 202 FT. LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GHAHRAMANI, ALI R. 5757 NORTH DIXIE HWY FT. LAUDERDALE FL, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GHAHRAMANI, ALI R. 5601 NORTH DIXIE HWY, SUITE 202 FT. LAUDERDALE, FL 33334 <input checked="" 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	
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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 exemption stated in Section 119.07(3)(i), 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: <u>ALI R. GHAHRAMANI</u> <u>4/18/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04142004 Chg-P CR2E034 (10/03)