


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 504803	
1. Entity Name ALI R. GHARAMANI, M.D., P.A.	

Principal Place of Business 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334	Mailing Address 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334
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05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1697329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GHARAMANI, ALI R.
5601 N DIXIE HWY
STE 202
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS GHARAMANI, ALI R. 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GHARAMANI, ALI R. 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334
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U00000565887
05/23/06-80002-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2006 (954) 771-008
Date Daytime Phone #