


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 504803 1. Entity Name ALI R. GHAHRAMANI, M.D., P.A.	
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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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DO NOT WRITE IN THIS SPACE



07182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1697329	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 GHAHRAMANI, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GHAHRAMANI, ALI R. 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GHAHRAMANI, ALI R. 5601 N DIXIE HWY STE 202 FORT LAUDERDALE, FL 33334
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<p>U000000769960 07/23/07-80003-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  *President* 7/18/07 *(954) 371-0087*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #