


**2007 FOR PROFIT CORPORATION
- ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 A
Secretary of State

DOCUMENT # 524567 1. Entity Name SOHRAB GERAMI, M.D., P.A.	
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Principal Place of Business 2320 N ORANGE AVE SUITE 201 ORLANDO, FL 32804	Mailing Address 2320 N ORANGE AVE SUITE 201 ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1713197	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

GERAMI, SOHRAB
2320 N. ORANGE AVE., #201
ORLANDO, FL 32804

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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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERAMI, SOHRAB #10 ISLE OF SICILY WINTER PARK, FL
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01/22/07-80057-014 150.00

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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:  _____ DATE: 1/17/07 DAYTIME PHONE #: 407-896-7111