2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 692306

1. Entity Name
MOIDEEN M. MOOPEN, M.D., P.A.

Principal Place of Business	Mailing Address
2400 HARBOR BLVD., SUITE 19 PORT CHARLOTTE, FL 33952	2400 HARBOR BLVD., SUITE 19 PORT CHARLOTTE, FL 33952

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2136408
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOOPEN, MOIDEEN M.
2400 HARBOR BLVD., SUITE 19
PORT CHARLOTTE, FL 33952

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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: _____ MOIDEEN M. MOOPEN, M.D.P.A. 1-27-06
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
After May 1, 2006 Fee will be $550.00

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

000000411416
02/10/06-80005-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	MOOPEN, MOIDEEN M
STREET ADDRESS	2400 N.E. HARBOR BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000,
TITLE	S
NAME	MOOPEN, MOIDEEN M
STREET ADDRESS	2400 N.E. HARBOR BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000,
TITLE	D
NAME	SOVI, JOSEPH
STREET ADDRESS	202 GEORGE RD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ MOIDEEN M. MOOPEN, M.D.P.A. 1-27-06 941-6251391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #