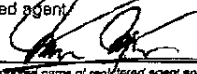


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 2400 HARBOR BLVD., SUITE 19 PORT CHARLOTTE, FL 33952		Mailing Address 2400 HARBOR BLVD., SUITE 19 PORT CHARLOTTE, FL 33952	
DO NOT WRITE IN THIS SPACE			
		 01102005 No Chg-P CR2E034 (11/05)	
		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			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  MOIDEEN M. MOOPEN, M.D., P.A. DATE 1-27-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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
10. OFFICERS AND DIRECTORS		000000411416 02/10/06-80005-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV MOOPEN, MOIDEEN M 2400 N.E. HARBOR BLVD. PORT CHARLOTTE, FL 00000.	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOOPEN, MOIDEEN M 2400 N.E. HARBOR BLVD. PORT CHARLOTTE, FL 00000.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOVI, JOSEPH 202 GEORGE RD 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			
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.		941-6251391	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	