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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90023 024 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F06086**

1. Corporation Name

	RAHAMY, M.D., P.A.	•		_	
Principal Place	of Business	Mailing Address			
7421 N UNIVERSITY DR 7421 N UNIVERSITY DR					
SUITE 201 TAMARAC FL 33321 TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE	
TAMARAC FL 33321			3. Date Incorporated or Qualifed		
•	•			11/19/1980	,
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2031352	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	- Country	Zip	Country	This corporation owes the current year Int	
Zip	Country	·	30	Personal Property Tax.	Yes □No
24	9. Name and Address of Current		30]	10. Name and Address of New Registered	Agent
	3 6 26 27 36 36 3	- 12 " " " " " " " " " " " " " " " " " "	81 Name		
	AHAMY, RAN		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
7421	N UNIVERSITY DR		ou dot 7 to	processing a translation of a replace	
SUIT	E 201 4		83		
I AM/	ARAC FL 33321	•	84 City	gerialis de la	85 Zip Code
TANK BUSINES	Strain Communication	made in the second	1 1 2	FL	-
	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose of	changing its registered
41 Pursuant	ogistored agent for both in the State of	of Florida: Such change was au	ithorized by the corpora	ation's board of directors. I hereby accept the appoint	intment as registered
14. Pursuant office or n	egistered agent for both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by the corpora ida Statutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	intment as registered
SIGNATURE	m tamiliar with, and accept the obligati	ons of, Section 607.0505, Flori	ua Statutes.		intment as registered
SIGNATURE	rn tamiliar with, and accept the obligati	and title if applicable. (NOTE:	Registered Agent signature requ		
SIGNATURE	m tamiliar with, and accept the obligati	and title if applicable. (NOTE:	ua Statutes.	uired when reinstating) DATE	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requ	oired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature request 13.	oired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 of the leceiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP