2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07846

1. Entity Name HORMOZ KHOSRAVI, M.D., P.A.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

%UNITED PROFESSIONAL BLDG. 4123 UNIVERSITY BLVD.,S. SUITE #D JACKSONVILLE, FL 32216 Mailing Address

%UNITED PROFESSIONAL BLDG. 4123 UNIVERSITY BLVD.,S. SUITE #D IACKSONVILLE, FL 32216

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DO NOT WRITE IN THIS SPACE				03162006 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent							
KHOSRAVI, HORMOZ 4123 UNIVERSITY BLVD. S. SUITE D JACKSONVILLE, FL 32216			DO NOT WRITE IN THIS SPACE				
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 explicable. (NOTE, Registered Agent signature required when reinstating) DATE							i
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.06 9. Election Campaign Financia Trust Fund Contribution.				.00 May Be ed to Fees	<u></u>		
10.	OFFICERS AND DIRE	CTORS		· marine and a second and a second	S		
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 12. I hereby dindicated 	certify that the information supplied with this to on this report or supplemental report is true	illing does not qualify for the exe and accurate and that my signal	emptions contained ture shall have the	s in Chapter 119, same legal effect	Horida Statutes. I as if made under c	turther certify the	nat the information in officer or director

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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:

SIGNATURE AND TAPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Daylime Phone #