
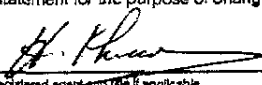



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # F07846 1. Entity Name HORMOZ KHOSRAVI, M.D., P.A.		
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 JACKSONVILLE, FL 32216
DO NOT WRITE IN THIS SPACE		
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
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: <u></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/16/06</u>		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KHOSRAVI, HORMOZ 4123 UNIVERSITY BLV S D JACKSONVILLE, FL	
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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 807, 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: <u></u> DATE: <u>3/16/06</u> Daytime Phone # _____		



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2045056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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04/06/06-80004-025 150.00