

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44536

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: IMAD F. TABRY, M.D., P.A.

## Current Principal Place of Business:

1625 SE THIRD AVE  
#601  
FT LAUDERDALE, FL 33316 US

## New Principal Place of Business:

## Current Mailing Address:

1625 SE 3RD AVENUE, #601  
FT LAUDERDALE, FL 33316

## New Mailing Address:

4725 N.FEDERAL HWY, JIM MORAN HEART CENTER  
SUITE#503  
FT LAUDERDALE, FL 33308

FEI Number: 59-2121961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TABRY, IMAD F  
1625 SE 3RD AVENUE # 601  
FT. LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TABRY, IMAD,  
Address: 1625 SE 3RD AVENUE # 601  
City-St-Zip: FT. LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IMAD F TABRY,MD

PRES

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date