


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90010 023 ***150.00

DOCUMENT # G44399
 1. Entity Name
 M. JARRAH, M.D., P.A.



Principal Place of Business Mailing Address
 2525 HARBOR BLVD 2525 HARBOR BLVD
 201 B 201 B
 PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 US

40034604



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 21260 Olean Blvd 21260 Olean Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 204 Suite 204

City & State City & State
 Port Charlotte FL Port Charlotte, FL

Zip Country Zip Country
 33952 USA 33952 USA

01242008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-2305765 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

JARRAH, M., M.D.
 2885 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

Name M. Jarrah MD
 Street Address (P.O. Box Number is Not Acceptable)
 21260 Olean Blvd Suite 204
 City Port Charlotte FL Zip Code 33952

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 _____ DATE _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARRAH, MAMOON 2525 HARBOR BLVD #2018 PT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jarrah, mamoon 21260 Olean Blvd #204 PT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  MAMOON JARRAH 2/18/08 911.613-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #