

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62852

FILED
Apr 25, 2006
Secretary of State

Entity Name: BAHMAN VENUS, M.D.,P.A.

Current Principal Place of Business:

824 WATERMAN RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

MEMORIAL HOSPITAL OF JACKSONVILLE
3625 UNIV.BLVD.S
JACKSONVILLE, FL 32216

Current Mailing Address:

824 WATERMAN RD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2929965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENUS, BAHMAN
824 WATERMAN RD. S.
JACKSONVILLE, FL 32207 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: D () Delete
Name: VENUS, BAHMAN,
Address: 3625 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: KRIEGER, BRUCE
Address: 3625 UNIV.BLVD.S
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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: BAHMAN VENUS

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date