2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L73198

1. Entity Name
ALI E. HAAS, M.D., P.A.

Principal Place of Business	Mailing Address
1299 JACARANDA BLVD.	1299 JACARANDA BLVD.
VENICE, FL 34292	VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0208654	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAAS, ALI E
1299 JACARANDA BLVD.
VENICE, FL 34292

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAAS, ALI E.
STREET ADDRESS	1299 JACARANDA BLVD.
CITY-ST-ZIP	VENICE, FL 34292

U00000194539
01/25/05-80106-006 150.00

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TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Ali Haas _____ 1/21/05 _____ 941-492-4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #