

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90102 008 \*\*\*158.75



**DOCUMENT # L79950**  
 1. Entity Name  
**AMANOLLAH TABESH, M.D., P.A.**

Principal Place of Business 505 DELEON ST. 1 TAMPA FL 33606 US	Mailing Address 505 DELEON ST. 1 TAMPA FL 33606 US
--	--



2. Principal Place of Business 7001 N. Dale Mabry Hwy Suite, Apt. #, etc. 3	3. Mailing Address 7001 N. Dale Mabry Hwy Suite, Apt. #, etc. 3
--	--

1st MOORE CR2E034 (10/05)

City & State TAMPA FL	City & State TAMPA FL
--------------------------	--------------------------

4. FEI Number 59-3016032	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 33614	Country Hillsborough	Zip 33614	Country Hillsborough
--------------	-------------------------	--------------	-------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  
 TABESH, AMANOLLAH  
 505 DELEON ST., STE #1  
 TAMPA FL 33606

7. Name and Address of New Registered Agent  
 Name  
**AMANOLLAH TABESH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7001 N. Dale Mabry Hwy**  
**Suite # 3**  
 City  
**TAMPA** FL Zip Code  
**33614**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABESH, AMANOLLAH 505 DELEON ST SUITE 1 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABESH AMANOLLAH 7001 N. Dale Mabry Hwy suite 3 TAMPA FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Amanollah Tabesh 4-26-06 813-932-0804  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #