2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M33365

1. Entity Name

BEHRUZE RUYANI, M.D., P.A.



Principal Place of Business

1150 NORTH 35TH AVENUE

SUITE 245

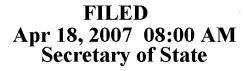
HOLLYWOOD, FL 33021

Mailing Address

1150 NORTH 35TH AVENUE

SUITE 245

HOLLYWOOD, FL 33021





03212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2678627

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

8. The above the obliga	a named entity submits this statement for the p tions of registered agent.	ourpose of cha	inging its registered o	office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE				Agent signature required when reinstating) DATE		
	E NOW!!! FEE !S \$150.00 ay 1, 2007 Fee will be \$550.00		n Campaign Financin und Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE	PD					
NAME	RUYANI, BEHRUZE					
STREET ADDRESS	1150 NORTH 35TH STREET., #245					
CiTY-ST-ZIP	HOLLYWOOD, FL 33021					U00000714503
TITLE						04/27/07-80024-015 158.7
NAME						
STREET ADDRESS						
CITY-ST-ZIP	•					
TITLE						
NAME	1					
STREET ADDRESS					DO	NOT WOITE
CITY-ST-ZIP					DO	NOT WRITE
TITLE					IAI T	THIS SPACE
NAME					11/4	I FIIS SPACE
STREET ADDRESS			ľ			
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP			_			į
TITLE						!

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

NAME STREET ADDRESS CITY-ST-ZIP

sept. Olumpen 'MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12 00

Daytime Phon