
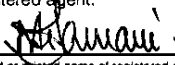
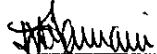


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90341 037 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P00000033924 | | | |  | |
| 1. Entity Name M. I. YAMANI, M.D., P.A. | | | | | |
| Principal Place of Business 3012 WHITNEY ROAD CLEARWATER, FL 33760 | | | Mailing Address 3012 WHITNEY ROAD CLEARWATER, FL 33760 | | |
| 2. Principal Place of Business 1745 S Highland Ave Suite, Apt. #, etc. | | 3. Mailing Address 1745 S Highland Ave Suite, Apt. #, etc. | | | |
| City & State Clearwater FL | | City & State Clearwater FL | | 4. FEI Number 59-3644247 | |
| Zip 33756 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent YAMANI, M I M.D. 3012 WHITNEY ROAD CLEARWATER, FL 33760 | | | | 7. Name and Address of New Registered Agent Name: M I Yamani, M.D. Street Address (P.O. Box Number is Not Acceptable): 1745 S Highland Ave City: Clearwater FL Zip Code: 33756 | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITTLE NAME STREET ADDRESS CITY-ST-ZIP | D YAMANI, M I M.D. 3012 WHITNEY ROAD CLEARWATER, FL 33760 | <input type="checkbox"/> Delete | TITTLE NAME STREET ADDRESS CITY-ST-ZIP | D M I Yamani, M.D. 1745 Highland Ave Clearwater FL 33756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITTLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITTLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input 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:  MOHAMMAD ILYAS YAMANI | | | 4/25/06 727-587-0377 <small>Daytime Phone #</small> | | |