

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90197 012 ***150.00

DOCUMENT # P00000107449
 1. Entity Name
ALI GARDEN MEDICAL GROUP INC.

Principal Place of Business Mailing Address
99 NW 183RD STREET **99 NW 183RD STREET**
NORTH MIAMI BEACH FL 33169 **NORTH MIAMI BEACH FL 33169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
99 Nw 183rd Street **P.O. Box 693192**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
106

City & State City & State
North Miami Beach Fla **Miami Florida**
 Zip Country Zip Country
33169 **USA** **33269** **USA**

4. FEI Number Applied For
65-1055415 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHAGANI, LAILA F DR.
99 NW 183RD STREET
NORTH MIAMI BEACH FL 33169

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAGANI, LAILA F DR. 99 NW 183RD STREET NORTH MIAMI BEACH FL 33169 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula Chagani* Date: 1-8-02 Daytime Phone #: 305 652 9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)