

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107449

FILED
Mar 07, 2009
Secretary of State

Entity Name: ALI GARDEN MEDICAL GROUP INC.

Current Principal Place of Business:

18168 NW 89TH PL
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

PO BOX 693192
MIAMI, FL 33269

New Mailing Address:

18168 NW 89TH PL
HIALEAH, FL 33018

FEI Number: 65-1055415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAGANI, LAILA DR
18168 NW 89TH PLACE
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAGANI, LAILA F DR.
Address: 18168 NW 89TH PL
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAILA CHAGANI

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03/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date