

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107449

FILED  
Jan 08, 2012  
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:**

18168 NW 89TH PL  
HIALEAH, FL 33018

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: LAILA CHAGANI

P

01/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date