2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000107449



FILED Mar 13, 2003 8:00 am & Secretary of State

ALI GARDEN MEDICAL GROUP INC.					03-13-2003 9009/ 026 ****150.00	
Principal Place of Business 99 NW 183 RD STREET STE 106 MIAMI FL 33169		Mailing Address PO BOX 693192 MIAMI FL 33169			I 1864 BRI (III BRII) BRIII BRIIK BRIII ARIIK BRIII ARIIK IIRIK BRIIK IRII BRIIK IRII BRIIK BIRIK BRIIK BRII	
	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Stat	Miami Beach, FL	City & State		4. F	FEI Number 65 - 7:0554.15 Applied For Not Applicable	
Zip 33179	Country	Zip	Country	5. (Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. N	Name and Address of New Registered Agent	
Name						
CHAGANI, LAILA F DR. Street				lress (P.O. B	ox Number is Not Acceptable)	
19710 NE 10th Ct. North MianimBch, FL 33179						
()			City	FL Zip Code		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or re	egistered age	ent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
	OFFICERS AND D		11.	۸۵	I DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAGANI LAILA F DR. 1050 NMB FL 331	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
THLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305-688-5456.