

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

09-16-2002 90159 016 ***150.00

DOCUMENT # **PO1000041060**
1. Entity Name

MANUEL BABAIAN MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550 SW 3RD ST

Suite, Apt. #, etc.

Suite 206

City & State

POMPANO BEACH

Zip
33060

Country
USA

3. Mailing Address

P O BOX 66711

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip
33066

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3711751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ARMICH OHANIAN

Street Address (P.O. Box Number is Not Acceptable)

5860 NW 99th AVE

City

PARKLAND

FL

Zip Code

33076

**DO NOT WRITE
IN THIS SPACE**

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 **ARMICH OHANIAN**

Armich Ohanian

9/12/02

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	
NAME	MANUEL BABAIAN, MD
STREET ADDRESS	550 SW 3rd St 206
CITY - ST - ZIP	Pompano Beach, FL 33060

TITLE	
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CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 on an attachment with an address, with all other like empowered.

M. Babaiian

9/12/02 9547843121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

678085

PO10000041060

Manuel E. Babaian, MD, PA
550 SW 3RD Street Ste 206
Pompano Beach, FL 33060

September 11, 2002

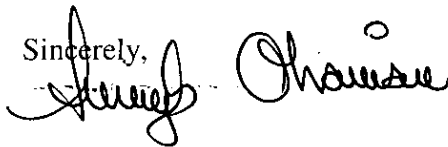
To whom it may concern,

Dear Sir

Per our conversation with our accountant he questioned us if a payment was made to the Florida Department of State. He than advise to us that a payment was to be made on a yearly basis. Since we moved our address was not changed, therefore we never received the appropriate papers to file. We are requesting that you please waive the penalties. We were not aware that we had to pay this amount on a yearly basis. The company started in 2001 and for that year the proper amount was paid. Please do not penalize us for this misunderstanding.

We thank you in advance for your understanding. If you have any questions do not hesitate to call me at 954-784-3131.

Sincerely,



Armigh Ohanian

P.S Attached find a check for the amount of \$150.00.