

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062600

FILED
Jan 14, 2005
Secretary of State

Entity Name: AHAD MAHOOTCHI, M.D., P.A.

Current Principal Place of Business:

6739 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

6739 GALL BLVD.
ZEPHYRHILLS, FL 33542

New Mailing Address:

PO BOX 1059
ZEPHYRHILLS, FL 33539

FEI Number: 59-3727312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHOOTCHI, AHAD MD
15210 AMBERLY DRIVE
#231
TAMPA, FL 33647 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: P () Delete
Name: MAHOOTCHI, AHAD MD
Address: 15210 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

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 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 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: AHAD MAHOOTCHI, MD

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01/14/2005

Electronic Signature of Signing Officer or Director

Date