2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093168

1. Entity Name
ABRAHAM MEDICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
5887 LAKE WORTH ROAD	5887 LAKE WORTH ROAD
GREENACRES, FL 33463	GREENACRES, FL 33463

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1140567	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

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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. I am familiar with, and accept the obligations of registered agent.

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, 2005 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	

100000284934
04/02/05-80025-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAHAM, MOHAN DR.
STREET ADDRESS	5887 LAKE WORTH ROAD
CITY-ST-ZIP	GREENACRES, FL 33463

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _____   3/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #