


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000093168 1. Entity Name ABRAHAM MEDICAL ASSOCIATES, P.A.	
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Principal Place of Business 5887 LAKE WORTH ROAD GREENACRES, FL 33463	Mailing Address 5887 LAKE WORTH ROAD GREENACRES, FL 33463
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02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1140567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, MOHAN DR. 5887 LAKE WORTH ROAD GREENACRES, FL 33463
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mohan Abraham* **2/17/06** **868 9806**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #