

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000017243

1. Entity Name
ZAHRA G. PROMES, M.D., P.A.



Principal Place of Business
483 N. SEMORAN BLVD.
STE. 200
WINTER PARK, FL 32792 US

Mailing Address
483 N. SEMORAN BLVD.
STE. 200
WINTER PARK, FL 32792 US

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2008 08:00 AM
Secretary of State**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4521707	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

A. ANTHONY GIOVANOLI, P.A.
1565 ORANGE AVENUE
WINTER PARK, FL 32789

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

SIGNATURE

Zahra G. Promes

4/29/08

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	PROMES, ZAHRA G
STREET ADDRESS	483 N. SEMORAN BLVD. STE. 200
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE: *Zahra G. Promes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000939700
05/28/08-80036-016 150.00