


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000087786**

1. Entity Name  
 GIRA S. SHAH, M.D., P.A.



Principal Place of Business  
 206 S. APOPKA AVE.  
 INVERNESS, FL 34452

Mailing Address  
 206 S. APOPKA AVE.  
 INVERNESS, FL 34452

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-0154943

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHAH, GIRA S M.D.  
 161 W. CHASE STREET  
 HERNANDO, FL 34442

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000759755  
 05/24/07-80056-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHAH, GIRA S M.D.
STREET ADDRESS	161 W. CHASE STREET
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 a duly authorized officer 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 Florida Statutes, Chapter 607, Florida Statutes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

**SIG**  
**HEP**