2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094385

Entity Name: OMAR ALANI, M.D., P.A.

City-St-Zip: NAPLES, FL 34110

FILED Jan 13, 2004 Secretary of State

Current Pi	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	TA BEACH RO PRINGS, FL 3			97270 CROWN LAKE BLVD, SUI#4 BONITA SPRINGS, FL 34135	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
122 PALM RIVER BLVD NAPLES, FL 34110				27970 CROWN LAKE BLVD, SUITE#4 BONITA SPRINGS, FL 34135	
FEI Number:	57-1183120	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	lame and Address of New Registered Agent:	
ALANI, OM 122 PALM NAPLES, F	RIVER BLVD	S			
The above in the State		ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D () ALANI, OMAR 122 PALM RIVE	Delete R BLVD	Title: Name: Address:	() Change () Addition	

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: OMAR ALANI D 01/13/2004