

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000094758	
1. Entity Name A TO Z MEDICAL CENTER INC.	



Principal Place of Business 651 RUGBY STREET ORLANDO, FL 32804	Mailing Address 32 MIDDLEBROOK RD. 2B ORLANDO, FL 32811
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0187546	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 KRAVTSOV, VLADIMIR 6100 ARLINGTON EXPRESS WAY J302 JACKSONVILLE, FL 32211

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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000337439 04/27/05-80169-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGDESSIAN, RIMMA 22984 E. DORADO DR. DENVER, CO 80015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NUBARIAN, ELINA 1870 RODNEY DR. #4 LOS ANGELES, CA 90027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES EXOZIAN, KRISTINA 10028 E. ARIZONA DR. #1218 DENVER, CO 80247
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 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: <i>Rimma Magdessian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 04.22.2005 Daytime Phone #: 404-224-5554