


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90001 013 ***150.00

DOCUMENT # P05000079941	
1. Entity Name M.D. TOORIRAM, P.A.	

Principal Place of Business 1317 MAXIMILIAN DR. WESLEY CHAPEL, FL 33543	Mailing Address 1317 MAXIMILIAN DR. WESLEY CHAPEL, FL 33543
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20013738

2. Principal Place of Business 1051 Napoleon Way Suite, Apt. #, etc.	3. Mailing Address 1051 Napoleon Way Suite, Apt. #, etc.
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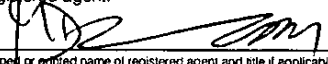
City & State Wesley Chapel, FL	City & State Wesley Chapel, FL
Zip 33543	Country US
Zip 33543	Country US



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 371510721		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TOORIRAM, MUNESHWAR D 1317 MAXIMILIAN DR. WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name Tooriram, Muneshwar D. Street Address (P.O. Box Number is Not Acceptable) 1051 Napoleon Way City Wesley Chapel FL Zip Code 33543

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  Resident March 3/06

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOORIRAM, MUNESHWAR D 1317 MAXIMILIAN DR. WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Tooriram, Muneshwar D. 1051 Napoleon Way Wesley Chapel, FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  MUNESHWAR TOORIRAM 3/3/06 813 973 3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #