

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000079941

1. Entity Name
M.D. TOORIRAM, P.A.



Principal Place of Business
**1051 NAPOLEON WAY
WESLEY CHAPEL, FL 33543**

Mailing Address
**1051 NAPOLEON WAY
WESLEY CHAPEL, FL 33543**



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1510721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOORIRAM, MUNESHWAR D
1051 NAPOLEON WAY
WESLEY CHAPEL, FL 33543**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

**U00000687774
04/10/07-80051-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOORIRAM, MUNESHWAR D 1051 NAPOLEON WAY WESLEY CHAPEL, FL 33543
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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 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:

M D Tooriram

Muneshwar D TOORIRAM

3/29/07

**813
361 6252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #