

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049195

Entity Name: JOHALI MEDICAL, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

3430 GALT OCEAN DRIVE # PH 1
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

4640 NORTH HIATUS RD
SUNRISE, FL 33351 US

Current Mailing Address:

3430 GALT OCEAN DRIVE # PH 1
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

4640 NORTH HIATUS RD
SUNRISE, FL 33351 US

FEI Number: 20-4655578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAMONEY, BRIAN C
2200 N FEDERAL HWY # 228
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ALIBHAI, SHABNAM
Address: 3430 GALT OCEAN DRIVE #PH1
City-St-Zip: FT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHABNAM ALIBHAI

PST

04/17/2007

Electronic Signature of Signing Officer or Director

Date