## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000069633

Entity Name: RIAS ALI, M.D., P.A

City-St-Zip:

FILED Jan 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 23362 DUCHESS AVE PORT CHARLOTTE, FL 33954 US **Current Mailing Address: New Mailing Address:** 23362 DUCHESS AVE PORT CHARLOTTE, FL 33954 US FEI Number: 26-0367091 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALI, RIAS 23362 DUCHESS AVE PORT CHARLOTTE, FL FL, 33954 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALI, RIAS MD Name: Name: 23362 DUCHESS AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition Name: Name: RIAS, NAZNEE Address: Address: 23362 DUCHESS AVE

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RIAS ALI P 01/13/2008

PORT CHARLOTTE, FL 33954