## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000069633

23362 DUCHESS AVE

PORT CHARLOTTE, FL 33954

Address:

City-St-Zip:

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

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	CHESS AVE ARLOTTE, FL	. 33954	US			
Current Mailing Address:				New Mailing Address:		
	CHESS AVE ARLOTTE, FL	. 33954	US			
FEI Number	: 26-0367091	FEI Nu	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current I	Registered Agent:	Name and Address of	d Address of New Registered Agent:	
PORT CH. The above		·		ourpose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU	RE:					
	Electro	nic Signa	ture of Registered Age	ent	Date	
Election Ca	mpaign Financir	ng Trust Fu	ınd Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ALI, RIAS MD 23362 DUCHE PORT CHARLO	SS AVE	33954	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VP ( RIAS NAZNEF	) Delete		Title:	( ) Change ( ) Addition	

Address:

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: RIASALI@GMAIL.COM P 04/26/2009