

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State


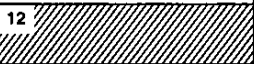
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|---|---|--|--|---|--|
| DOCUMENT # P93000049560 | | | | | |
| 1. Entity Name MICHAEL M. BAHRAMI, M.D., P.A. | | | | | |
| Principal Place of Business 1380 NE MIAMI GARDENS DRIVE SUITE 275 NORTH MIAMI BCH, FL 33180 US | | | Mailing Address 1380 NE MIAMI GARDENS DR SUITE 275 NO MIAMI BEACH, FL 33180 US | | |
| 2. Principal Place of Business 1380 NE MIAMI GARDENS DR Suite, Apt. #, etc. 140 | | 3. Mailing Address 1380 NE MIAMI GARDENS DR Suite, Apt. #, etc. 140 | | | |
| City & State N. MIAMI BEACH, FL | | City & State N. MIAMI BEACH, FL | | 01242006 Chg-P CR2E034 (11/05) | |
| Zip Country 33179 US | | Zip Country 33179 US | | 4. FEI Number 65-0424539 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SHAPIRO, JAY S 1625 N COMMERCE PKWY STE 225 WESTON, FL 33326 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAHRAMI, MICHAEL M 1000 ISLAND BLVD W #1710 NO MIAMI BEACH, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <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: | | | 1/31/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT

60012983
#P93000049560

☐ CORRECTED (if checked)

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|--|--|--|---|---|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. HERITAGE NURSING AND REHAB CEN 2201 NE 170TH STREET NORTH MIAMI BEACH FL 33160 (305) 945-1404 | | 1 Rents \$ | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | Miscellaneous Income Copy B For Recipient |
| PAYER'S Federal identification number 73-9593712 | RECIPIENT'S identification number 455-29-9187 | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | 7 Nonemployee compensation \$ 18297.32 | 8 Substitute payments in lieu of dividends or interest \$ | |
| RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code DR MICHAEL BAHRAMI 1380 NE MIAMI GARDENS DR #285 N. MIAMI BEACH FL 33179 | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | 11  | | This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| Account number (see instructions) MICHAELB | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | 12  | | |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | | |

Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

FORM # LMISCREC