2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2007 8:00 am Secretary of State DOCUMENT # P93000049560 01-16-2007 90193 035 ***150.00 1. Entity Name MICHAEL, M. BAHRAMI, M.D., P.A. Principal Place of Business Mailing Address 4000m--1380 NE MIAMI GARDENS DRIVE 1380 NE MIAMI GARDENS DRIVE SUITE 140 SUITE 140 NORTH MIAMI BCH, FL 33180 NORTH MIAMI BCH, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0424539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, JAY S 1625 N COMMERCE PKWY STE 225 Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33326 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete BAHRAMI Michael ME Change TITLE BAHRAMI, MICHAEL M NAME 9422 38th CT, Sunny F1, 33160 NAME STREET ADDRESS 1000 ISLAND BLVD W #1710 STREET ADDRESS CITY-ST-ZIP NO MIAMI BEACH, FL CITY-ST-7/P TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental report is true and accounted 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 required or trustee employered to execute this feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach SIGNATURE:

FILED

Daytime Phone #