

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000052623

Entity Name: BAHRAMI & AMER, M.D.'S, P.A.

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1380 NE MIAMI GARDENS DRIVE  
140  
NORTH MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1380 NE MIAMI GARDENS DR  
STE 140  
N MIAMI BCH, FL 33179 US

**New Mailing Address:**

FEI Number: 65-0505085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAPIRO, JAY S  
1625 N COMMERCE PKWY STE 225  
WESTON, FL 33326 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAHRAMI, MICHAEL M  
Address: 1000 ISLAND BLVD W #1710  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: AMER, SALAH MD  
Address: 151 PALOMA DR  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/VP (X) Change ( ) Addition  
Name: BAHRAMI, MICHAEL M  
Address: 1000 ISLAND BLVD W #1710  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D/P (X) Change ( ) Addition  
Name: AMER, SALAH MD  
Address: 151 PALOMA DR  
City-St-Zip: CORAL GABLES, FL 33134

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: SALAH AMER, M.D.

P

10/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date