


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90206 037 \*\*\*150.00

<b>DOCUMENT # P96000075173</b> 1. Entity Name ALTAMONTE INTERNAL MEDICINE, P.A.	
---	---

Principal Place of Business 616 E ALTAMONTE DR STE 204 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 616 E ALTAMONTE DR STE 204 ALTAMONTE SPRINGS, FL 32701 US
--	--

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3398381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ZAMAN, AHMADI B 616 E ALTAMONTE DR STE 204 ALTAMONTE SPRINGS, FL 32701
--

**DO NOT WRITE  
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
--	---	------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMAN, AHMADI M.D. 616 E ALTAMONTE DR, STE 204 ALTAMONTE SPRGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Asid Bzgh</i>	<i>9/07-</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>