

Sep. 4, 2007 12:01

CURRY LAW GROUP, P.A.

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90001 030 ***150.00

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DOCUMENT # P97000044121	
1. Entity Name MONTER AL-HALAWANI, M.D., P.A.	



Principal Place of Business 214 SOUTH MOON AVENUE BRANDON, FL 33511	Mailing Address 214 SOUTH MOON AVENUE BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box # 214 South Moon Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRANDON, FL	City & State
Zip 33511	Country USA

09042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3446898	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURRY, CLIFTON C JR 750 W LUMSDEN BRANDON, FL 33511	
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOT for Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-HALAWANI, MONTER 214 SOUTH MOON AVENUE BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: M. AL-HALAWANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
CENTER FOR DIABETES
AND METABOLIC DISORDERS

50001771

Monther Halawani, M.D., P.A.

214 South Moon Avenue • Brandon, FL 33511
(813) 643-4722 • Fax (813) 651-3280

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2007 Profit Corporation Annual Report
Monther Al-Halawani, M.D., P.A.
Document No.: P97000044121

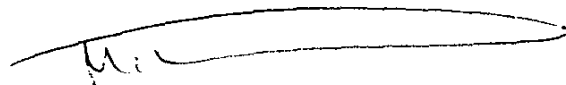
Dear Sir or Madam:

We inadvertently failed to file a 2007 Profit Corporation Annual Report as a result of the fact that we did not receive notification of same, apparently due to a breakdown with the U.S. Postal Service.

Consequently, enclosed is our check in the amount of \$150.00 payable to the Department of State to cover the filing fee.

Thank you for your consideration. Please call me should you have any questions.

Sincerely,



Monther Al-Halawani, M.D.