## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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## **FILED** Feb 01, 2007 08:00 AM DOCUMENT # P97000078803 1. Enlity Name **Secretary of State** SHAHLA MEDICAL ASSOCIATES, P.A. Principal Place of Business Mailing Address 1141 BEACH BOULEVARD 1141 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3467541 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAHLA, SEAN Street Address (P.O. Box Number is Not Acceptable) 1141 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250 City Zip Code F 8. The above named onlity 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Ament signature required when reinstalled) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nnr Delete TillE Change Airiii SHAHLA, AMER NAME NAME U00000616702 02/07/07-80039-019 150.00 1141 BEACH BOULEVARD SHELL ADDRESS SIDILL ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-74F CHY ST 7IP D Delete REFE Addini HILL Change MAM SHAHLA, SEAN MAMI 1141 BEACH BOULEVARD STITLE ADDRESS STREET LADORESS JACKSONVILLE BEACH FL 32250 CITY - ST - ZIE CITY ST ZIP 11111 Delete $\Box f^{\bar{I}^{m}}$ HIE ☐ Change MAME NAM STREET ADDRESS SHEET ADDRESS CULY-SL-ZIP CITY SI 7IP Delete HILE ☐ Change NAM MANA SINCET ADDRESS SHIFF ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete ☐ Change NAME NAM SHALLADORESS SIRFET ADDRESS CHY SI ZIP CITY ST-7IP IIII ☐ Oclete HILF Change NAMI NAME STREET ADDRESS SIRIT L'ADDRESS CITY ST-71P CITY SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or direction 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 if changed, or on an attachment with an address, with all other like empowered.