2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000101865

1. Entity Name
DR. MOGHADASI & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
5608 U.S. HWY 98 N LAKELAND, FL 33809 US	5608 U.S. HWY 98 N LAKELAND, FL 33809 US

DO NOT WRITE IN THIS SPACE

01292006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3480699	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, MARK G
255 MAGNOLIA AVENUE S.W.
WINTER HAVEN, FL 33880

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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)

U000000426935

02/20/06-80063-017 158.75

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	MOGHADASI, FARID
STREET ADDRESS	5608 U.S. HWY 98 NORTH
CITY-ST-ZIP	LAKELAND, FL 33809

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   2/6/06