


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000027137</b> 1. Entity Name ARYIA AMINI, D.M.D., P.A.	
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Principal Place of Business 4800 LINTON BLVD D-504 DELRAY BEACH, FL 33445	Mailing Address 4800 LINTON BLVD D-504 DELRAY BEACH, FL 33445
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07162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0830436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AMINI, ARYA 4800 LINTON BLVD STE D-504 DELRAY BEACH, FL 33445	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ U00000573085  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 08/02/06-80004-021 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES AMINI, ARYA 4800 LINTON BLVD STE D-504 DELRAY BEACH, FL 33445
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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:**  Aryia Amini: 7/31/06 5616387118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #