


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # S68554 1. Entity Name SUSAN SALEHI, M.D., P.A.			
Principal Place of Business 1518 KINGSLEY AVE ORANGE PARK, FL 32073		Mailing Address 1518 KINGSLEY AVE ORANGE PARK, FL 32073	
DO NOT WRITE IN THIS SPACE			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3078896	
		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 PAUL, HERMAN S. 2468 ATLANTIC BLVD JACKSONVILLE, FL 32207		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000552493</div> 05/15/06-80015-005 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	SALEHI, SUSAN		
STREET ADDRESS	1518 KINGLSEY AVE		
CITY-ST-ZIP	ORANGE PARK, FL		
TITLE			
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: _____		SUSAN SALEHI, DIRECTOR 428-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	