

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 01 1998 8:00am
 Secretary of State



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
 1998

DOCUMENT # S70074 (7)
 1. Corporation Name
 MOHAMMAD SHAHMOHAMADY, MD, PA.



Principal Place of Business Mailing Address
 % MOHAMMAD SHAHMOHAMADY, M.D. % MOHAMMAD SHAHMOHAMADY, M.D.
 3081 SW 129 AVE. 3081 SW 129 AVE.
 MIAMI FL 33175 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 151 N.W. 11 street 26 177 PALOMA DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite E-204 27
 City & State City & State
 23 HOMESTEAD, FL 28 CORAL GABLES, FL
 Zip Country Zip Country
 24 33030 25 U.S.A. 29 33143 30 U.S.A.

3. Date Incorporated or Qualified
 07/29/1991
 4. FEI Number Applied For
 65-0310343 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required
 6. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution Added to Fees
 8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 PASTRAN, RAUL
 333 NE 8TH STREET
 HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SHAHMOHAMADY, MOHAMMAD	1.2 NAME	SHAHMOHAMADY, MOHAMMAD
STREET ADDRESS	3081 SW 129 AVE.	1.3 STREET ADDRESS	177 PALOMA DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D	2.1 TITLE	D
NAME	SHAHMOHAMADY, TAHEREH A.	2.2 NAME	SHAHMOHAMADY, TAHEREH
STREET ADDRESS	3081 SW 129 AVE.	2.3 STREET ADDRESS	177 PALOMA DRIVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. J. ... 9-29-98 305-247-1100

CR2E034 (5/98)