


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S70074
 1. Entity Name
 MOHAMMAD SHAHMOHAMADY, MD, PA.



Principal Place of Business: 151 NW 11 ST, SUITE E-204, HOMESTEAD, FL 33030 US
 Mailing Address: 177 PALOMA DRIVE, CORAL GABLES, FL 33143 US

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07142004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0310343 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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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:  DATE: 7/15/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: SHAHMOHAMADY, MOHAMMAD
STREET ADDRESS: 177 PALOMA DRIVE	CITY- ST- ZIP: CORAL GABLES, FL 33143
TITLE: D	NAME: SHAHMOHAMADY, TAHEREH A
STREET ADDRESS: 177 PALOMA DRIVE	CITY- ST- ZIP: CORAL GABLES, FL 33143
TITLE:	NAME:
STREET ADDRESS:	CITY- ST- ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY- ST- ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY- ST- ZIP:

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 07/19/04-80003-016 150.00

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12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____