


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 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
--	--



09062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0310343	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

PASTRAN, RAUL
333 NE 8TH STREET
HOMESTEAD, FL 33030

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D SHAHMOHAMADY, MOHAMMAD 177 PALOMA DRIVE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHMOHAMADY, TAHEREH A 177 PALOMA DRIVE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000576712
09/13/06-80002-006 150.00

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: M. S. Shahmohady, M.D. 9-6-06 305-247-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #