

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70074

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** MOHAMMAD SHAHMOHAMADY, MD, PA.

**Current Principal Place of Business:**

151 NW 11 ST  
SUITE E-204  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

975 BAPTIST WAY  
SUITE 102  
HOMESTEAD, FL 33033 US

**Current Mailing Address:**

177 PALOMA DRIVE  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0310343      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SHAHMOHAMADY, MOHAMMAD  
**Address:** 177 PALOMA DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33143

**Title:** D  
**Name:** SHAHMOHAMADY, TAHEREH A  
**Address:** 177 PALOMA DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAHMOHAMADY MOHAMMAD

D

03/31/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date