

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602070 (5)

1. Corporation Name
SHAFAT AHMED M.D. ORTHOPEDIC SURGERY, P A



Principal Place of Business Mailing Address
1121 MASON AVE DAYTONA BEACH FL 32117-4613 **1121 MASON AVE. DAYTONA BEACH FL 32117-4613**

2. Principal Place of Business 2a. Mailing Address
21. 26.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. 27.
City & State City & State
23. 28.
Zip Country Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/04/1970 **06/16/1995**
4. FEI Number Applied For
59-1293994 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**AHMED, SHAFAT
2044 SOUTH PENINSULA
DAYTONA BEACH FL 32018**

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 607.04(2) and 607.1506, 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 obligation of, Section 607.05, Florida Statute.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AHMED, SHAFAT	
STREET ADDRESS	2044 S. PENINSULA	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, G.A.	
STREET ADDRESS	1445 DUNN AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALBEE, FRED H.	
STREET ADDRESS	1020 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBEE, FRED H.	
STREET ADDRESS	1020 MASON AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by me is true and correct and does not rely on the exemption statute in Section 119.07(6)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and correct, 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, the name of which is printed hereon, and that I am registered as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an addition thereto with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 1-904-255-1841

CR2E034 (12/95)