

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602070

**FILED**  
**Mar 31, 2008**  
**Secretary of State**

**Entity Name:** SHAFaat AHMED M.D. ORTHOPEDIC SURGERY, P A

**Current Principal Place of Business:**

1121 MASON AVE.  
DAYTONA BEACH, FL 321174613

**New Principal Place of Business:**

**Current Mailing Address:**

1121 MASON AVE.  
DAYTONA BEACH, FL 321174613

**New Mailing Address:**

FEI Number: 59-1293994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AHMED, SHAFaat  
1121 MASON AVE.  
DAYTONA BEACH, FL 321174613 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: P ( ) Delete  
Name: AHMED, SHAFaat,  
Address: 2044 S. PENINSULA  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHAFaat AHMED M.D.

PRES

03/31/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date