


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 030 ***150.00

DOCUMENT # K75812	
1. Entity Name SHAHAB U. KIDWAI MD PA	

DO NOT WRITE IN THIS SPACE

40024771

2. Principal Place of Business 2000 N. Fed. Hwy.		3. Mailing Address 2000 N. Fed. Hwy.	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33062	Country USA	Zip 33062	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0107723		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent				
Name Shahab Kidwai MD				
Street Address (P.O. Box Number is Not Acceptable) 2000 N. Fed. Hwy. #203				
Pompano Beach, FL 33062				
City Pompano Beach FL Zip Code 33062				

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 _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Shahab U. Kidwai MD	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Kidwai	2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034B (12/02)