

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000039839

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** LONGWOOD MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

450 W. STATE RD. 434  
SUITE 301  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

450 W. STATE RD. 434  
SUITE 301  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3710414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMAR, WASIM  
3155 POINTE HASSI POINT  
LONGWOOD, FL 32779 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

**OFFICERS AND DIRECTORS:**

**Title:** MGR  
**Name:** AHMAR, WASIM MD  
**Address:** 3155 HASSI POINT  
**City-St-Zip:** LONGWOOD, FL 32779

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:** WASIM AHMAR

OWNE

02/07/2011

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

\_\_\_\_\_  
Date