


FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K75812		(3)	
1. Corporation Name SHAHAB U. KIDWAI M.D., P.A.			
Principal Place of Business % SHAHAB U. KIDWAI 550 SW 3RD ST STE 106 POMPANO BEACH FL 33060		Mailing Address % SHAHAB U. KIDWAI 550 SW 3RD ST STE 106 POMPANO BEACH FL 33060-6944	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent			
KIDWAI, SHAHAB U. 550 SW 3RD STREET, SUITE 106 POMPANO BEACH FL 33060			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>S. Kidwai</i> <small>Signature typed or printed name of registered agent and title, if applicable</small> <small>(NOTE: Registered Agent signature required)</small>			
12. OFFICERS AND DIRECTORS			
13.			
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that it appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>S. Kidwai</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)