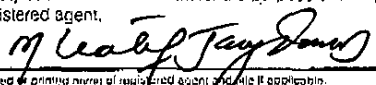
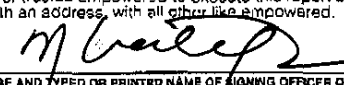


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90041 015 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000039741 1. Entity Name MOHAMMAD J. LATIF-JANGDA, M.D., P.A.					
Principal Place of Business 4900 W. OAKLAND PARK BLVD SUITE 309 LAUDERDALE LAKES, FL 33313			Mailing Address 4900 W. OAKLAND PARK BLVD SUITE 309 LAUDERDALE LAKES, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
			04192004 Chg-P CR2E034 (10/03)		
			4. FEI Number 65-1001152		Applied For ☐ Not Applicable
			5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LATIF-JANGDA, MOHAMMAD J M.D. 4900 WEST OAKLAND PARK BLVD #300 LAUDERDALE LAKES, FL 33313				Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: 4/19/04	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent premium required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LATIF-JANGDA, MOHAMMAD J M.D.		NAME		
STREET ADDRESS	4900 WEST OAKLAND PARK BLVD #309		STREET ADDRESS		
CITY - ST - ZIP	LAUDERDALE LAKES, FL 33313		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE: 4/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					