04/19/2004 08:33 FAX 9544528359 GUTTA,KOUTOULAS CPA

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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	Mailing Address
4900 W. OAKLAND PARK BLVD SUITE 309 LAUDERDALE LAKES, FL 33313	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

LATIF-JANGDA, MOHAMMAD J M.D.
4900 WEST OAKLAND PARK BLVD
#300
LAUDERDALE LAKES, FL 33313

7. Name and Address of New Registered Agent

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: M Latif Jangda 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D LATIF-JANGDA, MOHAMMAD J M.D. 4900 WEST OAKLAND PARK BLVD #309 LAUDERDALE LAKES, FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: M Latif 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #