

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602070

Entity Name: SHAFaat AHMED M.D. ORTHOPEDIC SURGERY, P A

Current Principal Place of Business:

1121 MASON AVE.
DAYTONA BEACH, FL 32117-4613

Current Mailing Address:

1121 MASON AVE.
DAYTONA BEACH, FL 32117-4613

FEI Number: 59-1293994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AHMED, SHAFaat
1121 MASON AVE.
DAYTONA BEACH, FL 32117-4613 US

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

Officer/Director Detail :

Title P
Name AHMED, SHAFaat
Address 2044 S. PENINSULA
City-State-Zip: DAYTONA BEACH FL 32118

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: SHAFaat AHMED

OWNER

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date