

**2013 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**

**PRESIDENT**

**04/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date