

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000067178

Entity Name: SHAHID ZEB MD PA**Current Principal Place of Business:**4123 UNIVERSITY BLVD S
SUITE D
JACKSONVILLE, FL 32216**Current Mailing Address:**3604 UNIVERSITY BLVD S
203
JACKSONVILLE, FL 32216 US**FEI Number:** 59-3697740**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZEB, SHAHID MD
4255 GLENN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224 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:** SHAHID ZEB MD PA**03/28/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ZEB, SHAHID MD
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	ZEB, SHAHID M.D
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	ZEB, SHAHID M.D
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	ZEB, SHAHID M.D
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	ZEB, SHAHID M.D
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

Title	P
Name	ZEB, SHAHID P
Address	4255 GLEN KERNAN PARKWAY E
City-State-Zip:	JACKSONVILLE FL 32224

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: SHAHID ZEB**MD****03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date