

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000000885

**Entity Name:** SHAHIDA ANJUM, M.D., P.A.

**Current Principal Place of Business:**

218 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 85073  
HALLANDALE BEACH, FL 33008-5073

**FEI Number:** 27-4471541

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANJUM, SHAHIDA  
218 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009 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 DP  
Name ANJUM, SHAHIDA  
Address 218 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** SHAHIDA ANJUM

DP

03/27/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date