2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # 465664 1. Entity Name KAYUM MOHAMMADBHOY, M.D. P.A.							02-14-2005	90048 04	16 ***15	0.00
Principal Place of Business 250 N. BREVARD AVE. ARCADIA, FL 34266 US ARCADIA, FL 34266 US Mailing Address 250 N. BREVARD AVE. ARCADIA, FL 34266 US							-			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Number 59-1559				olied For Applicable
Zip		Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Addi	
	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New F	legistered Aç	ent	
BROWN, FLETCHER 124 N. BREVARD AVE ARCADIA, FL 33821					eme	D.O. Boy Mumbas	is Not Acceptable	-1		
					reet Address (F.O. BOX NOTION	is Not Acceptable			
				Ci	ity		-	FL	Zip Code	1
	named entit		r the purpose of changing its	registered of	fice or register	red agent, or both	, in the State of Flo		I_ miliar with, a	and accept
SIGNATURE										
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	nt signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.										
After M	ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	•		9 \$5 . □ Add	.00 May Be led to Fees				
After M	e NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0 OFFICERS AND	Trust Fund Cont		\$5. Add		CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11
After M	PST	5 Fee will be \$550.	Trust Fund Cont	ribution.	9 \$5.		CHANGES TO OFF		DIRECTORS	IN 11
After Ma	PST MOHAMN	OFFICERS AND MADBHOY, KAYUM MONTGOMER CIR	Trust Fund Cont	11.	DRESS Add		CHANGES TO OFF			
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STAGE MICK THE --- WE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.7.05

g Daytime Phone #