


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90230 008 ***150.00

DOCUMENT # 481168 1. Entity Name MUHAMMAD I. ZAFAR, M. D., P. A.			
Principal Place of Business <i>none</i> 1243 MAIN ST- STE 2, P.O. BOX 608 CHIPLEY, FL 32428 US		Mailing Address 1243 MAIN ST STE 2, P.O. BOX 608 CHIPLEY, FL 32428 US	
2. Principal Place of Business <i>Medical Practice</i> Suite, Apt. #, etc. <i>5/30/06</i> City & State <i>DR. Retired due to</i> <i>Disability</i> Country		3. Mailing Address <i>P.O. Box 608</i> Suite, Apt. #, etc. City & State <i>Chipley FL</i> Zip <i>32428</i> Country <i>USA</i>	
4. FEI Number 59-1617402		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAFAR, MD, MUHAMMAD I. 1243 MAIN STREET STE 2 CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name <i>Muhammad I Zafar M.D.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3944 Solano Rd</i> City <i>Chipley Panama City FL</i> Zip Code <i>32405</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Muhammad I. Zafar</i> DATE <i>4/30/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (If Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAFAR, MUHAMMAD 1243 MAIN ST STE 2 CHIPLEY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAFAR Muhammad 3944 Solano Rd Panama City FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARTER, ALICE 1243 MAIN ST STE 2 CHIPLEY, FL 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Carter, Alice 1231 Mayhaw Lane Chipley FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE <i>Alice Carter DST</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/10/06</i> DAYTIME PHONE # <i>850 260-5782</i>	