


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
97 JUL 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 512143 (9)

1. Corporation Name
MOHAMMAD IDREES, M. D., P. A.

Principal Place of Business 1454 BELLAIRE LANE N.E PALM BAY FL 32905	Mailing Address 1454 BELLAIRE LANE N.E PALM BAY FL 32905
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 09/07/1976	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1692262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IDREES, MOHAMMAD
1454 BELLAIRE LANE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	IDREES, MOHAMMAD
STREET ADDRESS	112 S W BELLAIRE LANE
CITY-ST-ZIP	PALM BAY, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900002257309--2
-03/04/97--01170--020
****165.00 ****155.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

SIGNATURE OF MOHAMMAD IDREES

pg 2

1454 BELLAIRE LANE
PALM BAY, FLORIDA 32905
TELEPHONE 723-2121

MOHAMMAD IDREES, M.D., P.A.

INTERNAL MEDICINE AND GASTROENTEROLOGY

July 22, 1997

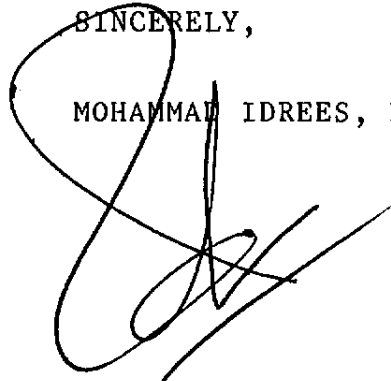
TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND CHECK IN THE AMOUNT OF \$165.00 FOR OUR ANNUAL CORPORATION FEE. I SPOKE WITH YOUR OFFICE THIS AM AND INFORMED THEM THAT WE NEVER RECEIVED THE ORIGINAL REPORT. WE HAVE BEEN A CORPORATION AS YOU WILL NOTE SINCE SEPTEMBER 1976 AND HAVE NEVER BEEN LATE.

IF YOU HAVE ANY QUESTIONS. PLEASE DO NOT HESITATE TO CONTACT ME. THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

MOHAMMAD IDREES, M.D. PA



md/pag