

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

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

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME IDREES, MOHAMMAD
STREET ADDRESS 112 S W BELLAIRE LANE
CITY-ST-ZIP PALM BAY, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

FILED

97 JUL 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

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

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

INTERNAL MEDICINE AND GASTROENTEROLOGY

July 22, 1997

TO WHOM IT MAY CONCERN:

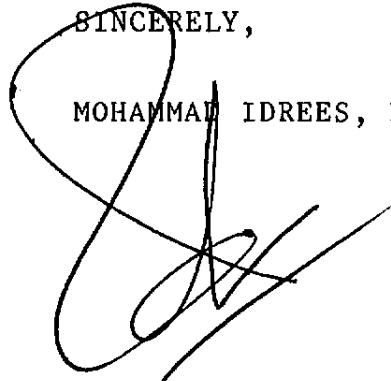
ENCLOSED PLEASE FIND CHECK IN THE AMOUNT OF
\$165.00 FOR OUR ANNUAL CORPORATION FEE. I SPOKE WITH
YOUR OFFICE THIS AM AND INFORMED THEM THAT WE NEVER
RECEIVED THE ORIGINAL REPORT. WE HAVE BEEN A CORPORATION
AS YOU WILL NOTE SINCE SEPTEMBER 1976 AND HAVE NEVER
BEEN LATE.

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

A large, stylized handwritten signature in black ink, likely belonging to Mohammad Idrees, is written over the printed name.