SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Morttish

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Sep 17 1998 8:00am Secretary of State

1000



Principal Place of Business		Mailing Address			T TODIOL DISAL TIBS SIDDLI TOU DIBAD TITL GIBST SIDS TENT BIDIT DIBIT	
1454 BELLAIRE LANE N.E PALM BAY FL 32905		1454 BELLAIRE LANE N.E				
		PALM BAY FL 32905			DO NOT WRITE IN 7	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified	
					09/07/1976	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-1692262	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3 710	·· - Country	28 Ziro	Counto		Trust Fund Contribution	Added to Fees
Zip Country 25		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
[4]	25 9. Name and Address of Curi	29 rent Registered Agent]30		10. Name and Address of New Register	
INDE	ES, MOHAMMAD		81	Name		
	I BELLAIRE LANE			2000	and the second of the second o	
	M BAY FL 32905		82	Street Address (P.O. Box Number is Not Acceptable)		
· ALI	M DAT TE SERVE		83			
					The state of the s	
			84	City	1	Zip Code
11. Pursuani	to the provisions of sections 607.0:	502 and 607.1508. Florida Statute	s. the above	I -named corno	oration submits this statement for the purpose of	of changing its registered
office or	registered agent, or both, in the Sta	ate of Florida. Such change was a	authorized by	the corporat	tion's board of directors. I hereby accept the ap	
-	am familiar with, and accept the ob	ligations of, section 607.0505, Fig	orida Stalute	S.		
SIGNATURE	Signature, typed or printed name of registered a	gont and tile if applicable (NC	OTF Registered A	igent signature rec	quired when reinstating) DAT	<u> </u>
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	T T		Change Addition
NAME.	IDREES, MOHAMMAD		1.2 NAME			
STREET ADDRESS	112 S W BELLAIRE LANE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 00000		1.4 CITY-S	I-ZIP		
TITLE	DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADORESS			2 3 STREE	ADDRESS		
CITY-ST-ZIP	<u> </u>	· <u></u>	24 CITY-S	I ZIP		-
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREFT	ADDRESS		
CITY-ST-ZIP	c omp. Mar.co		3.4 CITY-S	-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME			
ST# CT ADDRESS			4.3 STREET			
CITY-ST-ZIP		r-i	4.4 CITY-S	I-ZIP		· · · · · · · · · · · · · · · · · · ·
(TLE		[] DELETE	5.1 TITLE			Change _ Addition
NAME			5.2 NAME	ADDRESS.		
STREET ADDRESS		•	5.3 STREET			
CITY-ST-ZIP	·—··	[] Ac. 57-	5.4 CITY-ST 6.1 TITLE	-ZIP	The state of the s	(T)
TITLE NAME		[] DELETE			80000264 2 -09/17/9801072-	Change Addition
NAME ETDEET ADDOLGG	!		6.2 NAME	VUDDE 66	-09/17/3 801072-	050 P
STREET ADDRESS			6.3 STREET		*** 1 50.00	19.17
DITYST-ZIP 14. I hereby co	ntify that the information semillard w	ith this filing does not qualify for the	6.4 City-St		clion 119.07(3)(i). Florida Statutes I further cer	lify that the information
indicated o	on this annual report of supplement	at annual report is true and acous	ate and that	my signature	ction 119.07(3)(i), Florida Statutes. I further cent e shall have the same legal effect as if made u	nder oath; that I am
in Block 12	or Block 13 if changed, or on an	Hachment with an address.	o execute this	s report as re	equired by Chapter 607, Florida Statutes; and t	насту паше арреатs

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

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

INTERNAL MEDICINE AND GASTROENTEROLOGY

Division of Corporation P.O.Box 6327 Tallahassee, FL. 32314

RE: Profite Corporation annual report.

To Whom It May Concern,

Please excuse the late payment of this bill. MY wife has been very ill, and I have been out of the country. I have only recently received all of my mail from the previous few months, and came upon the Document for payment of our annual report #512-143. Therefore, I'am only recently aware of this bill.

Please except my payment for the regular annual fee of \$150.00..

Thank You Dr.Idrees