FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 535783

1. Corporation Name

FARHAT J. KHAWAJA M. D., P.A.

Principal Place of Business
7754 BAY ST. STE 7
SEBASTIAN, FL 32958

Mailing Address
P.O. Box 909
Roseland Fl. 32957

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 06/00/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1741535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH, FLORIDA 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: VERO BEACH **FL** 85 Zip Code: 32963

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/D	11 TITLE	☐ Change ☐ Addition
NAME	SIDDIQUI, MUHAMMAD	12 NAME	P00000149837 2
STREET ADDRESS	935 BAREFOOT BLVD	13 STREET ADDRESS	-05/24/95--01073--001
CITY-ST-ZIP	BAREFOOT BAY FL 32976	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	P/D	21 TITLE	☐ Change ☐ Addition
NAME	KHAWAJA, FARHAT J.	22 NAME	
STREET ADDRESS	7754 BAY ST., STE 7	23 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	IDREES, MOHAMMED	32 NAME	
STREET ADDRESS	112 S.W. BELLAIRE AVE	33 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL 32905	34 CITY ST ZIP	
TITLE	P/D	41 TITLE	☐ Change ☐ Addition
NAME	KHAWAJA, FARHAT J	42 NAME	
STREET ADDRESS	7754 BAY ST., STE 7	43 STREET ADDRESS	
CITY ST ZIP	SEBASTIAN FL 32958	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 5/12/95 (407) 589-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FARHAT J. KHAWAJA, M. D. PRESIDENT/DIRECTOR (407) 589-3000