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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **535783** **(5)**

1. Corporation Name
FARHAT J. KHAWAJA, M.D., P.A.

Principal Place of Business	Mailing Address
7754 BAY ST., STE. 7 ~~P.O. BOX 939~~ ~~ROSELAND FL 32957~~	7754 BAY ST., STE. 7 ~~P.O. BOX 939~~ ~~ROSELAND FL 32957-0939~~

3. Date Incorporated or Qualified: 05/26/1977
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: 7754 Bay St.
Suite, ~~Apt. #, etc.~~
22: 7
City & State
23: Sebastian Fl.
Zip 24: 32958 Country 25:

2a. Mailing Address
26: 7754 Bay St., Ste. 7
Suite, ~~Apt. #, etc.~~
27: 7
City & State
28: Sebastian Fl
Zip 29: 32958 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
SEBASTIAN FL 32958

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's signature required when mandated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIDDUQUI, MUHAMMAD		1.2 NAME	
STREET ADDRESS	935 BAREFOOT BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32976		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KHAWAJA, FARHAT J		2.2 NAME	
STREET ADDRESS	7754 BAY ST., STE. 7		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTAIN FL 32958		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	IDREES, MOHAMMED		3.2 NAME	
STREET ADDRESS	112 S.W. BELLAIRE AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KHAWAJA, FARHAT J		4.2 NAME	
STREET ADDRESS	7754 BAY ST., STE. 7		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTAIN FL 32958		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: [signature] DATE: 3/14/97