

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 536509

1. Entity Name
MUHAMMAD M. SIDDIQUI, M.D., P.A.



Principal Place of Business
937 BAREFOOT BLVD.
STE. A
SEBASTIAN, FL 32976-7619 US

Mailing Address
937 BAREFOOT BLVD.
STE. A
SEBASTIAN, FL 32976-7619 US



DO NOT WRITE IN THIS SPACE

07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1748301
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIDDIQUI, MUHAMMAD M.
937 BAREFOOT BLVD SUITE A
SEBASTIAN, FL 32976

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

U00000375122
08/01/05-80006-010 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIDDIQUI, MUHAMMAD
STREET ADDRESS 937 BAREFOOT BLVD
CITY-STATE-ZIP SEBASTIAN, FL

TITLE SD
NAME KHAWAJA, FARHAT J.
STREET ADDRESS 7754 BAY ST., STE. 7
CITY-STATE-ZIP SEBASTIAN, FL

TITLE D
NAME IDREES, MOHAMMED
STREET ADDRESS 1454 BELLAIRE LAND NE
CITY-STATE-ZIP PALM BAY, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Muhammad M. Siddiqui, M.D., P.A.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-05 772-664-4349
Date Daytime Phone