


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 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



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1748301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDDIQUI, MUHAMMAD 937 BAREFOOT BLVD SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHAWAJA, FARHAT J. 7754 BAY ST., STE. 7 SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDREES, MOHAMMED 1454 BELLAIRE LAND NE PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000456811
03/16/06-80043-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-27-06 772-664-4349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #