

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 538344

1. Entity Name
TASLIMI & MIRZA, M.D., P.A.



Principal Place of Business
**5333 NORTH DIXIE HIGHWAY, SUITE 106
FT. LAUDERDALE, FL 33334**

Mailing Address
**5333 NORTH DIXIE HIGHWAY, SUITE 106
FT. LAUDERDALE, FL 33334**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1747704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TASLIMI, KAMAL
5333 N DIXIE HWY
FT. LAUDERDALE, FL 33308**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000643817
03/02/07-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASLIMI, KAMAL 5333 N DIXIE HWY FT. LAUDERDALE FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASNEEM, MIRZA 5333 N DIXIE HWY FT. LAUDERDALE FL.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

Date

Daytime Phone #