

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538344

FILED
Sep 14, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1747704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TASLIMI, KAMAL P
5333 N DIXIE HWY
SUITE 106
FT. LAUDERDALE, FL 33334 US

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.

SIGNATURE: KAMAL TASLIMI

09/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TASLIMI, KAMAL
Address: 5333 N DIXIE HWY
City-St-Zip: FT. LAUDERDALE FL,

Title: D () Delete
Name: TASNEEM, MIRZA
Address: 5333 N DIXIE HWY
City-St-Zip: FT. LAUDERDALE FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAMAL TASLIMI

P

09/14/2009

Electronic Signature of Signing Officer or Director

Date