FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 627852 (7)

1. Corporation Name

SHAIK A. KHUDDUS, M.D., AND AHMAD RASHID, M.D., P.A.

Principal Place of Business	Mailing Address
2215 NEBRASKA AVENUE , SUITE 2-E FORT PIERCE FL 34950-4890	2215 NEBRASKA AVENUE , SUITE 2-E FORT PIERCE FL 34950-4890

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1979

3a. Date of Last Report: 03/03/1994

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: 59-1923037 ☐ 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

KHUDDUS, SHAIK A., M.D.
2215 NEBRASKA AVENUE , SUITE 2-E
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ (NOTE: Required Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KHUDDUS, SHAIK A., M.D.	12 NAME	
STREET ADDRESS	2507 S. INDIAN RIVER DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RASHID, AHMAD, M.D.	22 NAME	
STREET ADDRESS	1912 YORK CT	23 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare 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 above, or on an attachment with an address.

SIGNATURE: X Shaik A. Khuddus, MD 2/22/95 407-461-6812

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0378040 CP