

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 13 1998 8:00am
Secretary of State

MP PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627852 (7)
1. Corporation Name
~~SHAIK A. KHUDDUS, M.D., AND AHMAD RASHID, M.D.,~~
P.A. *NC12-39*



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/01/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1923037	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KHUDDUS, SHAIK A., M.D. 2215 NEBRASKA AVENUE, SUITE 2-E FORT PIERCE FL 34950				81 Name			
				Ahmad Rashid MD			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1912 York Court			
				83			
				84 City			
				Fort Pierce FL			
				85 Zip Code			
				34950			

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: *Ahmad Rashid* 2/19/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHUDDUS, SHAIK A., M.D.	1.2 NAME	
STREET ADDRESS	2507 S. INDIAN RIVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	PD PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, AHMAD, M.D.	2.2 NAME	
STREET ADDRESS	1912 YORK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *Ahmad Rashid* *Shaiq Khuddus* 5/11-461-6812

CR2E034 (10/97)