

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**JUL 14 2004**

**DOCUMENT # 627852**

1. Entity Name  
**AHMAD RASHID, M.D. AND BABAR SHAREEF, M.D., P.A.**



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**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1923037**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AHMAD, RASHID MD  
7829 SABEL LAKE DRIVE  
FORT PIERCE, FL 34986**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RASHID, AHMAD, M.D.
STREET ADDRESS	7829 SABAL LAKE DRIVE
CITY - ST - ZIP	FORT PIERCE, FL 34986
TITLE	S
NAME	SHAREEF, BABAR MD
STREET ADDRESS	2140 WALTON CT.
CITY - ST - ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000168149  
08/02/04-80012-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

DATE

Daytime Phone #

7-2904