

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627852

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

2215 NEBRASKA AVENUE , SUITE 2-E
FORT PIERCE, FL 349504890

New Principal Place of Business:

Current Mailing Address:

2215 NEBRASKA AVENUE , SUITE 2-E
FORT PIERCE, FL 349504890

New Mailing Address:

FEI Number: 59-1923037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RASHID, AHMAD, M.D.
Address: 7829 SABAL LAKE DRIVE
City-St-Zip: FORT PIERCE, FL 34986

Title: S () Delete
Name: SHAREEF, BABAR MD
Address: 2140 WALTON CT.
City-St-Zip: VERO BEACH, FL 32963

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: AHMAD RASHID

MGR

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date