

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627852

FILED
Feb 26, 2010
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:

2215 NEBRASKA AVENUE
STE 2E
FORT PIERCE, FL 34950

Current Mailing Address:

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

New Mailing Address:

2215 NEBRASKA AVENUE
STE 2E
FORT PIERCE, FL 34950

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

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

I hereby 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 all other like empowered.

SIGNATURE: EVELYN KUTA

ADM.

02/26/2010

Electronic Signature of Signing Officer or Director

Date