

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627852

FILED  
Mar 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2215 NEBRASKA AVENUE  
STE 2E  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2215 NEBRASKA AVENUE  
STE 2E  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 59-1923037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**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: AHMAD RASHID M.D.

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date