Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90071 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #		000
DOCUMENT #	<b>F91</b>	880

1. Corporation Name

MILHAMMAD ARDIII-JAWAD M.D. P.A

171011747	VIAD ABDOL JAVVAD, IVI-D.	y I vAv						
Principal Place	on Rusiness	Mailing Address			. 4	-	BIBIT RIBIT BIBIT BIBI	1 BISI1 DIDII IDDI
2820 S.E. 3RD	CT., SUITE 100	2820 S.E. 3RD CT., SUITE	100					
OCALA FL 3447 US	n .	OCALA FL 34471 US				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 07/23/1982		
2. Principal P	lace of Business	2a. Mailing Address	•		-	4. FEI Number		Applied For
21	add Si Basilloss	26				63-0770717	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				O IV A A COLATA Desired a D	\$8.75	Additional
22	*	27				5 Certificate of Status Desired -	Fee F	Required
City & Stat	е	City & State				6. Election Campaign Financing	•	<b>)</b> May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current ye		<b></b>
24	25	29	30			Personal Property Tax.	XYes	□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Regist	erea Agent	-
COL	LINS, LARRY		['	•	Name			
	SW 3RD AVE		1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	LA FL 32670		I.	00	`	·		
1 004	DATE SZOFO		['	83				
			1	84	City		85 Zip	Code
						ration submits this statement for the purpo	FL	to registered
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	utnorizea i	อง เก	e corporation	n's board of directors. I hereby accept the	appointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	: Registered A	lgent s	gnature required			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
nn.e i	S	DELETE	1.1 TITL				☐ Change	Addition
NAME	ABDUL-JAWAD, REEM	•	1.2 NAM	Æ				
STREET ADDRESS	2820 SE 3RD CT, #100		1.3 STR	REET AI	ODRESS			
CITY-ST-ZIP	OCALA, FL 00000		1.4 CIT		IP			Addition
TITLE	PT	☐ DELETÉ	2.1 TITL	_			Change	
NAME	JAWAD, MUHAMMAD A						☐ Change	
STREET ADDRESS	2820 SE 3RD CT, #100		2.2 NAM	Æ	,		☐ Change	, D'Addison
l	AALLA EL AAAAA		2.3 STR	ME REET AL	DDRESS		☐ Change	
CITY-ST-ZIP	OCALA, FL 00000	The letter	2.3 STR 2. 4 CIT	ME REET AL Y-ST-		-		
TITLE	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL	ME REET AI Y-ST- LE			☐ Change	
TITLE NAME	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	ME REET AI Y-ST- E ME	ZIP -			
TITLE NAME STREET ADDRESS	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	ME REET AI Y-ST- LE ME REET AI	DDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCALA, FL 00000		2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	ME Y-ST- LE ME REET AI Y-ST- LY-ST- REET AI	DDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	ME REET AI Y-ST- LE ME REET AI Y-ST- LE	DDRESS			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OCALA, FL 00000		2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAN	ME REET AI Y-ST- LE REET AI Y-ST- LE ME ME	ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OCALA, FL 00000		2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR	ME REET AI Y-ST- LE ME Y-ST- LE ME REET AI	ZIP DORESS ZIP DORESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCALA, FL 00000	☐ DELETE	2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT	ME REET AI Y-ST- ME REET AI Y-ST- E ME REET AI	ZIP DORESS ZIP DORESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OCALA, FL 00000		2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR	ME REET AI Y-ST- LE ME REET AI Y-ST- LE ME REET AI	ZIP DORESS ZIP DORESS		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	ALE  REET ALE  R	ZIP DORESS ZIP DORESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	AE REET AI Y-ST E AE Y-ST E ME REET AI REET AI REET AI REET AI REET AI REET AI	DDRESS ZIP DDRESS ZIP DDRESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE CONTROL OF T	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	ME REET AI Y-ST- E ME REET AI ME REET AI Y-ST- E ME REET AI Y-ST- E ME REET AI Y-ST- E ME REET AI	DDRESS ZIP DDRESS ZIP DDRESS		☐ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 5.4 CIT	ME REET AM RET AM REET	DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE CONTROL OF T	OCALA, FL 00000	☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	ALE  Y-ST LE  ALE  Y-ST LE  ME  REET AI  Y-ST LE  ALE  Y-ST LE  ALE  Y-ST LE  ALE  ALE  ALE  ALE  ALE  ALE  ALE	DDRESS ZIP DDRESS ZIP DDRESS	,	Change	Addition  Addition

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, or on an attachment with an address with all other like/empowered.