


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G03225 1. Entity Name MUHAMMED Y. MEMON, M.D., P.A.	
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Principal Place of Business 2400 HARBOR BLVD. SUITE 10 PORT CHARLOTTE, FL 33952	Mailing Address 2400 HARBOR BLVD. SUITE 10 PORT CHARLOTTE, FL 33952
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08312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2220321	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MEMON, MUHAMMED Y M.D.  
2400 HARBOR BLVD.  
SUITE 10  
PORT CHARLOTTE, FL 33952

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PVT MEMON, MUHAMMED Y 4230 FIELDS TERRACE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEMON, MUHAMMED Y 235 FIELDS TERRACE PORT CHARLOTTE, FL 33952
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 09/12/05-80003-002 150.00

**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:  **8-5-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #