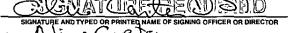
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	003 FOR PROI IFORM BUSIN			FILED Apr 28, 2003 8:00 am Secretary of State
DOCU	MENT # <b>H45</b> 3	33		Secretary of State
1. Entity Nam	ne			04-28-2003 91412 034 ***150.00
1243 MAIN ST STE 2 P.O. B CHIPLEY FL 3 US	OX 608	Mailing Address 1243 MAIN ST STE 2 P.O. BOX 608 CHIPLEY FL 32428 US 3. Mailing Address		
Suite, Apt. #, etc.		- Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2624144 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	
	ZAFAR, MUHAMMAD I. 1243 MAIN ST		Street Addre	ess (P.O. Box Number is Not Acceptable)
STE 2				<u> </u>
CHIPLEY FL 32428			City	Zip Code
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 .				
<del></del>	Signature, typed or printed name of registered age	ent and title if applicable, (NOTI	E: Registered Agent signature rec	quired when reinstalting) DATE
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00		ويوسون والمسوق فالسواوة	9. Election Campaign Financing * *5.00 May Be Trust Fund Contribution.
10.	( Payable to Florida Department	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD F	□ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ZAFAR, MUHAMMAD I M.D 1243 MAIN STREET STE 2 CHIPLEY FL		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	SIDDIQUI, MUHAMMAD M.   935 BAREFOOT BLVD		NAME STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL		CITY-ST-ZIP	
TITLE	DST ANOE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	CARTER, ALICE 1243 MAIN ST., STE 2	•	NAME STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY~ST-ZIP	
TITLE NAME	D IDRESS, MUHAMMAD M.D.	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1454 BELLAIRE LANE		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32905		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	_ · · · ·
STREET ADDRESS   CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
indicated of the cor	on this report or supplemental report	is true and accurate and that no powered to execute this report	ny signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Blcck 11 if

SIGNATURE:



4.25-03 8506387638