

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H49222

1. Entity Name
M. NASIR RIZWI, M.D., P.A.



Principal Place of Business

13885 US #1
SUITE 6
SEBASTIAN, FL 32958

Mailing Address

13885 US #1
SUITE 6
SEBASTIAN, FL 32958

FILED

04 MAR 19 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2507252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

M. NASIR RIZWI, M.D.
13885 US #1
SUITE 6
SEBASTIAN, FL 32958

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

400031287394
3/26/04--01094--007 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIZWI, M. NASIR M.D.
STREET ADDRESS 13885 US #1 SUITE 6
CITY - ST - ZIP SEBASTIAN, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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)(i), 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: M. Nasir Rizwi, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (772) 589-6844
Date Daytime Phone #