FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 25 AM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30154

1. Corporation Name

MOHSIN JAFFER, M.D., P.A.

Principal Place of Business / Mailing Address

9727 N.E. 2nd Avenue
Miami Shores, Florida 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 13, 1989
3a. Date of Last Report: January 31, 1994

2. Principal Place of Business
21: 9600 N.E. 2nd Avenue
22: Suite, Apt. #, etc.
23: City & State: Miami Shores, Florida
24: Zip: 33138
25: Country: US

2a. Mailing Address
26: 2700 Walkers Way
27: Suite, Apt. # etc.
28: City & State: Ft. Lauderdale, FL
29: Zip: 33331
30: Country: US

4. FEI Number: 65-0112970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOHSIN JAFFER
9727 N.E. 2nd Avenue
Miami Shores, FL 33138

10. Name and Address of New Registered Agent

81 Name: MOHSIN JAFFER
82 Street Address (P.O. Box Number is Not Acceptable): 2700 Walkers Way
83:
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of current or new registered agent required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P/S/T ☒ Change ☒ Addition
NAME	MOHSIN JAFFER	12 NAME	MOHSIN JAFFER
STREET ADDRESS	9727 N.E. 2nd Avenue	13 STREET ADDRESS	2700 Walkers Way
CITY ST ZIP	Miami Shores, FL 33138	14 CITY ST ZIP	Ft. Lauderdale, FL 33331
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: MOHSIN JAFFER, Pres. 5/25/95 1-305-758-7878
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

CH