

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M65609

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** MRS. SHAKEELA TAWWAB, M.D., P.A

**Current Principal Place of Business:**

780 DELTONA BLVD  
SUITE 104  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5668  
DELTONA, FL 32728 US

**New Mailing Address:**

**FEI Number:** 59-2864076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TAWWAB, SHAKEELA  
780 DELTONA BLVD #104  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: TAWWAB, SHAKEELA  
Address: 780 DELTONA BLVD. #104  
City-St-Zip: DELTONA, FL 32728 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAKEELA TAWWAB MD

DR.

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date