


**2005 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000039741
1. Entity Name
MOHAMMAD J. LATIF-JANGDA, M.D., P.A.



Principal Place of Business Mailing Address
4900 W. OAKLAND PARK BLVD 4900 W. OAKLAND PARK BLVD
SUITE 309 SUITE 309
LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1001152 Not Applicable

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

6. Name and Address of Current Registered Agent

LATIF-JANGDA, MOHAMMAD J M.D.
4900 WEST OAKLAND PARK BLVD
#300
LAUDERDALE LAKES, FL 33313

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 *Mohammad J. Latif-Jangda* 3/9/05 *Mohammad J. Latif-Jangda* 3/9/05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LATIF-JANGDA, MOHAMMAD J M.D.
STREET ADDRESS	4900 WEST OAKLAND PARK BLVD #309
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000265355
03/16/05-80055-001 163.75

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: *Mohammad J. Latif-Jangda* 3/9/05 954-730-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #