


**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90213 016 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000039741**  
 1. Entity Name  
 Mohammad J. Latif-Jangda, M.D., P.A.



**90104185**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4900 West Oakland Park Boulevard		3. Mailing Address 4900 West Oakland Park Boulevard	
Suite, Apt. #, etc #309 # 309		Suite, Apt. #, etc #900 # 309	
City & State Lauderdale Lakes, FL		City & State Lauderdale Lakes, FL	
Zip 33313	Country USA	Zip 33313	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**


7. Name and Address of Current Registered Agent

Name: **Mohammad J. Latif-Jangda, M.D., P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**4900 West Oakland Park Boulevard #300**

City: **Lauderdale Lakes** FL Zip Code: **33313**

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:  DATE: **4/18/03**

January 1 - May Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mohammad J. Latif-Jangda, MD</b> <b>4900 West Oakland Park Blvd #300</b> <b>Lauderdale Lakes, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR