
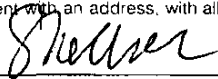


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 050 ***150.00

DOCUMENT # P01000008696					
1. Entity Name SHAHID ZEB, M.D., P.A.					
Principal Place of Business 2888-6 E MAHAN DR. TALLAHASSEE FL 32308 US			Mailing Address 2888-6 E MAHAN DR. TALLAHASSEE FL 32308 US		
2. Principal Place of Business		3. Mailing Address PO Box 14369			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee			
Zip	Country	Zip	Country	4. FEI Number 59-3697740	
32317		32317	Leon	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZEB, SHAHID 2888-6 E MAHAN DR. TALLAHASSEE FL 32308			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEB, SHAHID 2888-6 E MAHAN DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 			Date: 5/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 850-671-4800		

FROM : ASHMORE&ASHMORE, C. P. A.

PHONE NO. : 5395994

May, 10 2006 02:20AM P2

ATTACHMENT
40091601
#P01000008696

May 10, 2006

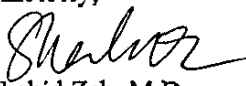
Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir/Madam:

I am requesting a waiver of the late filing fee for Shahid Zeb, M.D., P.A.'s 2006 Annual Report. To the best of my knowledge, I did not receive any UBR filing notices prior to the one enclosed.

I appreciate your assistance in waiving the reinstatement fee.

Sincerely,


Shahid Zeb, M.D.

5/10/06