2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113304

FILED Apr 27, 2004 Secretary of State

Entity Nan	ne: MOHAMI	MAD A. RASHID, M.D., P.A.			
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
3620 BROA FT MYERS			14621 BALD EAGLE DR FT MYERS, FL 33912		
Current Ma	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
3620 BROA FT MYERS			14621 BALD EAGLE DR FT MYERS, FL 33912		
FEI Number:	65-1157095	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NAPLES, F	AMI TRAIL NO L 34103 L named entity	ORTH 4TH FLOOR US submits this statement for the	purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (RASHID, MOHA 3620 BROADW FT MYERS, FL	/AY	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	D (RASHID, M YO 3620 BROADW FT MYERS, FL	/AY	Title: (Name: Address: City-St-Zip:) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOHAMMAD ABDUR RASHID **PRES** 04/27/2004