[redacted] P01000119863

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/08/03--01029--010 **150.00

DOCUMENT # P01000119863

1. Entity Name
NAHEED K. MALIK, O.D., P.A.

Principal Place of Business	Mailing Address
999 BRICKELL AVE, STE 700 MIAMI, FL 33131	999 BRICKELL AVE, STE 700 MIAMI, FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2655 LE JEUNE RD	
Suite, Apt. #, etc.: 322	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33134 Country:	Zip Country

4. FEI Number: 30-0006632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JACQUELINE F CPA PA 999 BRICKELL AVE, STE 700 MIAMI, FL 33131	Name: RODRIGUEZ, JACQUELINE F CPA PA Street Address (P.O. Box Number is Not Acceptable): 2655 LE JEUNE RD, 322 City: CORAL GABLES FL Zip Code: 33134

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P MALIK, NAHEED K OD 999 BRICKELL AVE, STE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALIK, NAHEED K OD 2655 LE JEUNE RD 322 ~~CORAL GABLES FL 33134~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAFDAR, KAMRAN MD 999 BRICKELL AVE, STE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAFDAR, KAMRAN MD 2655 LE JEUNE RD 322 ~~CORAL GABLES FL 33134~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALIK, NASEER A 999 BRICKELL AVE, STE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALIK, NASEER A 2655 LE JEUNE RD 322 CORAL GABLES FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALIK, AKBAR J 999 BRICKELL AVE, STE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALIK, AKBAR J 2655 LE JEUNE RD 322 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sors, Naheed K. Malik, OD 4/27/03 (305) 350-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #