

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041520

FILED  
Mar 21, 2012  
Secretary of State

Entity Name: MOHAMMED I. BAIG, M.D., P.A.

**Current Principal Place of Business:**

4100 S HOSPITAL DR STE 300  
300  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4100 S HOSPITAL DR STE 300  
300  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 02-0617767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAIG, NIKHAT  
3466 NW 122ND AVE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BAIG, MOHAMMED I  
Address: 3466 NW 122ND AVE.  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: BAIG, MOHAMMED I  
Address: 3466 NW 122ND AVE.  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MOHAMMED BAIG

D

03/21/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date