2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070969

Entity Name: MAZHAR MAJID M.D. P.A.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6848 S.W. 9TH ST 7710 NW 71ST COURT PEMBROKE PINES, FL 33023 303

TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

6848 S.W. 9TH ST 7167 NW 62ND TERRACE PEMBROKE PINES, FL 33023 PARKLAND, FL 33067

FEI Number: 81-0558637 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:

MAJID, MAZHAR
6848 S.W. 9TH ST
MAJID, MAZHAR
7167 NW 62ND TERRACE

6848 S.W. 9TH ST 7167 NW 62ND TERRACE PEMBROKE PINES, FL 33023 US PARKLAND, FL 33067 US

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: 02/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MAJID, MAZHAR Name: MAJID, MAZHAR

 Name:
 MAJID, MAZHAR
 Name:
 MAJID, MAZHAR

 Address:
 6848 S.W. 9TH ST
 Address:
 7167 NW 62ND TERRACE

City-St-Zip: PEMBROKE PINES, FL 33023 City-St-Zip: PARKLAND, FL 33067

Name: MAJID, BAZGHA Name: MAJID, BAZGHA

 Address:
 6848 S.W. 9TH ST
 Address:
 7167 NW 62ND TERRACE

 City-St-Zip:
 PEMBROKE PINES, FL 33023
 City-St-Zip:
 PARKLAND, FL 33067

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: MAZHAR MAJID MD PRES 02/03/2005