

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086480

Entity Name: MAHER RASHID, D.M.D., P.A.

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

10820 SEMINOLE BLVD.  
SEMINOLE, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

10820 SEMINOLE BLVD.  
SEMINOLE, FL 33778

**New Mailing Address:**

FEI Number: 74-3057792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RASHID, MAHER DMD  
10820 SEMINOLE BLVD.  
SEMINOLE, FL 33778 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RASHID, MAHER  
Address: 10820 SEMINOLE BLVD.  
City-St-Zip: SEMINOLE, FL 33778

Title: O ( ) Delete  
Name: RASHID, DIANA  
Address: 10820 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MAHER RASHID, DMD

MBR

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date