

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086480

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

FILED  
Mar 15, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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: MAHER RASHID

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MGRM

03/15/2011

\_\_\_\_\_ Date