


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 031 ***150.00

DOCUMENT # P02000134006

1. Entity Name
 MOHAMMAD T. SHEIKH, M.D., P.A.



Principal Place of Business
 12185 NW 35TH PLACE
 SUNRISE, FL 33323

Mailing Address
 12185 NW 35TH PLACE
 SUNRISE, FL 33323

54056820



03072003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-4228484

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

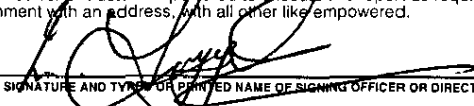
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEIKH, MOHAMMAD T MD 12185 NW 35TH PLACE SUNRISE, FL 33323	<i>New Address</i> ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEIKH, MOHAMMAD T. MD 10081 Pines Blvd. Suite D Pembroke Pines, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: 
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/26/04
 Daytime Phone #

Attachment

2004 Profit Corporation
Annual Report

Division of Corporation
Tallahassee.

Re: File # 13-4228484

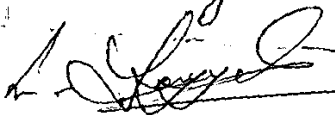
54052820
PD2000134006

Dear Sir/Madam

Enclosed is the Filing Fee for 2004.
My Business mailing Address is changed
so I did not receive the mail which
would have allowed me to File on time.

Thanking you in anticipation.

Sincerely

 4/30/04

Mohammad T. Sheikh M.D.P.A.

10081 Pines Boulevard
Suite D,
Pembroke Pines
Florida - 33024

} My New Address.

PO2000134006