

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT # P02000134006</b>				
<b>1. Entity Name</b> MOHAMMAD T. SHEIKH, M.D., P.A.				
<b>Principal Place of Business</b> 12185 NW 35TH PLACE SUNRISE, FL 33323		<b>Mailing Address</b> 12185 NW 35TH PLACE SUNRISE, FL 33323		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
<b>4. FEI Number</b> 134-228-484				Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b>	
Name			Name	
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)	
City			City	
FL			FL	
Zip Code			Zip Code	
<b>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.</b>				
SIGNATURE:			DATE: 4/25/03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when withdrawing)				
<b>9. Election Campaign Financing</b>			<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution.			Trust Fund Contribution.	
Make Check Payable to Florida Department of State				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEIKH, MOHAMMAD T MD 12185 NW 35TH PLACE SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>				
SIGNATURE:			DATE: 4/25/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (10/02)