# 2013 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Mar 29, 2013**
**Secretary of State**

DOCUMENT# P03000024723

**Entity Name:** AMIR MANZOOR, M.D., P.A.

**Current Principal Place of Business:**

643 HWY 231
PANAMA CITY, FL 32405

**New Principal Place of Business:**

37 E BALDWIN ROAD
103
PANAMA CITY, FL 32405

**Current Mailing Address:**

643 HWY 231
PO BOX 15878
PANAMA CITY, FL 32405

**New Mailing Address:**

37 E BALDWIN ROAD
103
PANAMA CITY, FL 32405

**FEI Number: 59-3768197** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ZAWAHND, HOSAM K ESQ
227 HANNISON AVE
PANAMA CITY, FL 32401 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: HZ

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: MD
Name: MANZOOR, AMIR
Address: 37 E BALDWIN ROAD SUITE 103
City-St-Zip: PANAMA CITY, FL 32405

Title: MD
Name: MANZOOR, AMIR
Address: 643 HWY 231
City-St-Zip: PANAMA CITY, FL 32405

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: AM MD 03/29/2013

Electronic Signature of Signing Officer or Director Date