
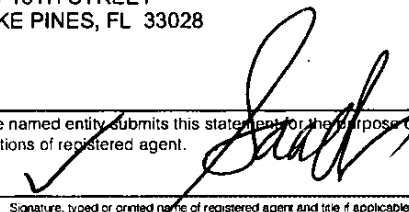
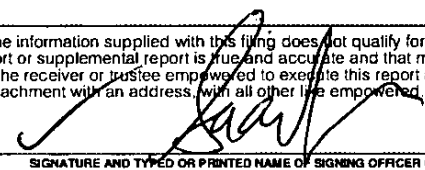


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 023 ***150.00

DOCUMENT # P03000033991 1. Entity Name SAAD MIRZA, M.D., P.A.					
Principal Place of Business 2297 N. UNIVERSITY DR. PEMBROKE PINES, FL 33024			Mailing Address 2297 N. UNIVERSITY DR. PEMBROKE PINES, FL 33024		
2. Principal Place of Business 2297 N. University Dr. Suite, Apt. #, etc.			3. Mailing Address 2297 N. University Dr. Suite, Apt. #, etc.		
City & State Pembroke Pines, FL Zip 33024		Country		4. FEI Number 16-1658734	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIRZA, SAAD MD 16132 NW 13TH STREET PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 2/21/2005					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MIRZA, SAAD MD STREET ADDRESS: 2297 N. UNIVERSITY DR. CITY-ST-ZIP: PEMBROKE PINES, FL 33024				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 fee empowered.					
SIGNATURE:  DATE: 2/21/2005					

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01272005 Chg-P CR2E034 (10/03)