

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000033991

Entity Name: SAAD MIRZA, M.D., P.A.

**FILED**  
**Jun 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2297 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2297 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 16-1658734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIRZA, SAAD MD  
16132 NW 13TH STREET  
PEMBROKE PINES, FL 33028 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: D  
Name: MIRZA, SAAD MD  
Address: 2297 N UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

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: SAAD MIRZA

D

06/15/2011

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

\_\_\_\_\_  
Date