

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042491

FILED
Apr 22, 2009
Secretary of State

Entity Name: IBRAHIM AMJAD, M.D., P.A.

Current Principal Place of Business:

1100 SW 57TH AVE, PH1
MIAMI, FL 33144

New Principal Place of Business:

1100 SW 57TH AVE, PH1
MIAMI, FL 331445122

Current Mailing Address:

P.O. BOX 558568
MIAMI, FL 332558568 US

New Mailing Address:

FEI Number: 11-3684791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLMS, WILLIAM O JR. ESQ
SOLMS & PRICE P.A.
6701 SUNSET DRIVE, SUITE 104
MIAMI, FL 33143 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: AMJAD, IBRAHIM M.D.
Address: 815 NW 57TH AVE SUITE 110
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: AMJAD, IBRAHIM M.D.
Address: 1100 SW 57TH AVE, PH 1
City-St-Zip: MIAMI, FL 331445122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IBRAHIM H. AMJAD, MD

PTSD

04/22/2009

Electronic Signature of Signing Officer or Director

Date