

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90222 004 ***150.00

DOCUMENT # P03000052293

1. Entity Name
EVERYTHING M.D., INC.



Principal Place of Business
**2424 NORTH BAY RD.
MIAMI BEACH, FL 33140**

Mailing Address
**C/O 1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131**

24070100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ACHI, NADIM**
STREET ADDRESS **2424 NORTH BAY RD.**
CITY- ST- ZIP **MIAMI BEACH, FL 33140**

TITLE **TD** ☐ Delete
NAME **GREEN, JERRY**
STREET ADDRESS **3410 S. BELCHER DR.**
CITY- ST- ZIP **TAMPA, FL 33629**

TITLE **SD** ☐ Delete
NAME **BITAR, MARWAN**
STREET ADDRESS **8516 HARVEST OAK DR.**
CITY- ST- ZIP **VIENNA, VA 22182**

TITLE **D** ☐ Delete
NAME **ELACHI, NABIL**
STREET ADDRESS **1415 NORTH TAFT ST., #1187**
CITY- ST- ZIP **ARLINGTON, VA 22202**

TITLE **D** ☐ Delete
NAME **HANNA, SAMIR**
STREET ADDRESS **2424 NORTH BAY RD.**
CITY- ST- ZIP **MIAMI BEACH, FL 33140**

TITLE **PD** ☐ Delete
NAME **YACOB, JOHN**
STREET ADDRESS **10912 TONY DR.**
CITY- ST- ZIP **LUTHERVILLE, MD 21093**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 reports 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

305 416-6800

Daytime Phone #