

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 039 ***150.00

DOCUMENT # P03000095660

1. Entity Name
YASMEEN ISLAM, M.D., P.A.



Principal Place of Business
2400 HARBOR BOULEVARD
SUITE 9
PORT CHARLOTTE, FL 33952

Mailing Address
2400 HARBOR BOULEVARD
SUITE 9
PORT CHARLOTTE, FL 33952

2. Principal Place of Business
3390 TAMIAHI TRAIL
STE 102
City & State
PORT CHARLOTTE, FL
Zip
33952 Country
CHARLOTTE

3. Mailing Address
3390 TAMIAHI TRAIL
STE 102
City & State
PORT CHARLOTTE, FL
Zip
33952 Country
CHARLOTTE



03182006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0467081

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANE, DANIEL A
4166 TAMIAHI TRAIL
PORT CHARLOTTE, FL 33952

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ISLAM, YASMEEN 2400 HARBOR BLVD. #9 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained 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 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: X Yasmeen Islam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/22/06 941-625-5855
Date Daytime Phone #