

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2006 8:00 am
Secretary of State

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03182006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000096338 1. Entity Name ARSHAD AHAD, M.D., P.A.					
Principal Place of Business 2400 HARBOR BLVD., SUITE 9 STE 6 PORT CHARLOTTE, FL 33952			Mailing Address 2400 HARBOR BLVD., SUITE 9 STE 6 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 2400 HARBOR BLVD Suite, Apt. #, etc. STE 6		3. Mailing Address 2400 HARBOR BLVD Suite, Apt. #, etc. STE 6			
City & State PORT CHARLOTTE, FL		City & State PORT CHARLOTTE, FL			
Zip 33952		Country CHARLOTTE		Zip 33952	
Country CHARLOTTE		Country CHARLOTTE			
4. FEI Number 20-1467185			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 LANE, DANIEL A 4166 TAMiami TRAIL STE B 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD AHAD, ARSHAD. 2400 HARBOR BLVD, STE 6 PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Arshad Ahad</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>4/3/2006</i> Daytime Phone # _____					