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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
KILPATRICK

3/7/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOHAMMED TOUHEED, MD, PA
Name of Corporation

DOCUMENT NUMBER: P05000037743

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MOHAMMED TOUHEED

Name of Contact Person

MOHAMMED TOUHEED, MD, PA

Firm/Company

13116 HIGHLAND GLENN WAY EAST

Address

JACKSONVILLE, FL 32224

City/State and Zip Code

drtouheed@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMED TOUHEED

Name of Contact Person

at (904) 803-7074

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOHAMMED TOUHEED MD, P.A.
2. The principal office address: 13116 HIGHLAND GLENN WAY WEST
JACKSONVILLE, FL 32224
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/112005 Document number: P05000037743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED: AJAY K. AGARWAL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MOHAMMED TOUHEED

13116 HIGHLAND GLENN WAY EAST

P.O. Box NOT acceptable

JACKSONVILLE, FL 32224

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X 
Signature of an officer or director

MOHAMMED TOUHEED

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X 
Signature of Registered Agent

01/09/2017

Date

If signing on behalf of an entity:

MOHAMMED TOUHEED

Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
2017 MAR -3 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA