

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097951

Entity Name: MD SHAHED ARZU, MD, PA

FILED  
Jul 06, 2007  
Secretary of State

## Current Principal Place of Business:

2701 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33062 US

## New Principal Place of Business:

10173 BOCA VISTA DRIVE  
BOCA RATON, FL 33498 US

## Current Mailing Address:

5503 NORTH MILITARY TRAIL  
SUITE 207  
BOCA RATON, FL 33496 US

## New Mailing Address:

10173 BOCA VISTA DRIVE  
BOCA RATON, FL 33498 US

FEI Number: 20-3139148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARZU, MD SHAHED MD  
5503 NORTH MILITARY TRAIL  
SUITE 207  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

ARZU, MD SHAHED MD  
10173 BOCA VISTA DRIVE  
BOCA RATON, FL 33498 US

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: MD SHAHED ARZU

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARZU, MD S  
Address: 5503 NORTH MILITARY TRAIL, SUITE 207  
City-St-Zip: BOCA RATON, FL 33496 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARZU, MD S  
Address: 10173 BOCA VISTA DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

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: MD SHAHED ARZU

PRES

07/06/2007

Electronic Signature of Signing Officer or Director

Date