

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103527

Entity Name: SYED-Z-QUADRI D.M.D. PA

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2099 PALMBAY RD. NE, SUITE #2  
PALM BAY, FL 32905

**New Principal Place of Business:**

2090 PALMBAY RD. NE,  
PALM BAY, FL 32905

**Current Mailing Address:**

2099 PALMBAY RD. NE, SUITE #2  
PALM BAY, FL 32905

**New Mailing Address:**

2090 PALMBAY RD. NE,  
PALM BAY, FL 32905

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUADRI, SYED Z  
2099 PALMBAY RD. NE, SUITE #2  
PALM BAY, FL 32905 US

**Name and Address of New Registered Agent:**

QUADRI, SYED Z  
2090 PALMBAY RD. NE,  
PALM BAY, FL 32905 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: SYED Z QUADRI

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: QUADRI, SYED Z  
Address: 2090 PALMBAY RD. NE,  
City-St-Zip: PALM BAY, FL 32905

I hereby 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 all other like empowered.

SIGNATURE: SYED Z QUADRI

DMD

02/17/2011

Electronic Signature of Signing Officer or Director

Date