

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000090587

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** TANWEER MEMON, M.D., P.A.

**Current Principal Place of Business:**

2091 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

2091 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 20-5132073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEMON, TANWEER  
381 WABASH TERRACE  
PORT CHARLOTTE, FL 33948 US

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

HOLMES, DAVID A ESQ  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: DAVID A HOLMES

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MEMON, TANWEER  
Address: 3657 TROPICAIRES BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: D  
Name: MEMON, MARVI  
Address: 3657 TROPICAIRES BLVD.  
City-St-Zip: NORTH PORT, FL 34286

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: TANWEER MEMON

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date