


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 018 ***150.00

DOCUMENT # P07000068311					
1. Entity Name BASHAR LUTFI MD, PA.					
Principal Place of Business C/O 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 405 SUNRISE, FL 33323			Mailing Address C/O 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 405 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # 1725 University Dr		3. Mailing Address 4613 University Dr			
Suite, Apt. #, etc. 350		Suite, Apt. #, etc. 276			
City & State Coral Springs, FL		City & State Coral Springs		4. FEI Number 26-0341143	
Zip 33071		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AR FINANCIAL SERVICES, INC. 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 405 SUNRISE, FL 33323			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P <input type="checkbox"/> Delete NAME: LUTFI, BASHAR STREET ADDRESS: C/O 1560 SAWGRASS CORP PRKWY #405 CITY-ST-ZIP: SUNRISE, FL 33323			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BASHAR LUTFI STREET ADDRESS: 1725 University Dr, # 350 CITY-ST-ZIP: Coral Springs, FL 33071		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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: <u>Bashar Lutfi</u> BASHAR LUTFI 3-16-08 954-756-0615 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					