2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054555

Entity Name: FAISAL SHAMSHAD MD PA

US

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4300 ALTON ROAD BUTLER BUILDING MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

P O BOX 546063 20 BERKSHIRE WAY

SURFSIDE, FL 33154 US EAST BRUNSWICK, NJ 08816 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

SHAMSHAD, FAISAL
814 PONCE DE LEON BLVD.
8877 COLLINS AVE
SUITE 304
CORAL GABLES, FL 33134 US
SHAMSHAD, FAISAL
8877 COLLINS AVE
APT 509
SURFSIDE, FL 33154 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: FAISAL SHAMSHAD 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SHAMSHAD, FAISAL Name: SHAMSHAD, FAISAL

 Name:
 SHAMSHAD, FAISAL
 Name:
 SHAMSHAD, FAISAL

 Address:
 P O BOX 546063
 Address:
 8877 COLLINS AVE

 City-St-Zip:
 SURFSIDE, FL 33154 US
 City-St-Zip:
 SURFSIDE, FL 33154 US

Title: VP () Delete Title: () Change () Addition

 Name:
 SHAMSHAD, FAISAL
 Name:

 Address:
 P O BOX 546063
 Address:

 City-St-Zip:
 SURFSIDE, FL 33154 US
 City-St-Zip:

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: FAISAL SHAMSHAD P 04/22/2009