

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068311

Entity Name: DR EJAZ AHMED MD PA

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3848 CALLIOPE AVE  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

3848 CALLIOPE AVE  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 27-3282100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AHMED, EJAZ  
3848 CALLIOPE AVE  
PORT ORANGE, FL 32129 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AHMED, EJAZ  
Address: 3848 CALLIOPE AVE  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: S  
Name: CHUGHTAI, UZMA H  
Address: 3848 CALLIOPE AVE  
City-St-Zip: PORT ORANGE, FL 32129 US

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: EJAZ AHMED

MGRM

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date