


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 025 ***150.00

DOCUMENT # P93000006601			
1. Entity Name MUJAHED M. AHMED, M.D., P.A.			
Principal Place of Business 10078 W INDIANTOWN RD JUPITER FL 33478 US		Mailing Address 200 C2 CROSSWINDS DR WPB FL 33413 US	
2. Principal Place of Business 2925 10TH AVENUE N		3. Mailing Address 200 C2 CROSSWINDS DR	
Suite, Apt. #, etc. 201 A		Suite, Apt. #, etc. WPB	
City & State LAKE WORTH		City & State FLORIDA	
Zip 33461	Country USA	Zip 33413	Country USA
6. Name and Address of Current Registered Agent MUJAHED, AHMED M.D. 2925 10TH AVE N, STE 201A LAKE WORTH FL 33461		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 <i>M. Ahmed</i> 2-6-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, MUJAHED M 200 C2 CROSSWINDS DRIVE WPB FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. Ahmed* **2.6.04 561 313 1757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #