FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003037 (6)

MOHAMAD IQBAL SALEH, M.D., P.A.

Principal Plac	ce of Business	Mailing Address				1 12011001 110 12011 51011 20111 40111 40111 40111	18-25 ((E) 2017# ((1121 1 2 4 4 /92 1
11478 CORTEZ BLVD. 11479 CORTEZ BLVD. BROOKSVILLE FL 34613 BROOKSVILLE FL 34613								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/03/1994		
2. Principal f	Place of Business	2a, Mailing Addre	SS			4. FEI Number	T A	pplied For
1]		26				59-3221290	N	ot Applicable
Suite, Apt	. W, etc.	Suite, Apt. #, 6	etc.			6, Certificate of Status Desired		Additional lequired
City & Sta	le	City & State		··· ·		6. Election Campaign Financing Trust Fund Contribution		May Be
Ζιρ	Country	Zip		Country	'	8. This corporation owes or has paid the	current year In	tangible
آه	25	29	30			Personal Property Tax due June 30.		J No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	ed Agent	
R	IOADES, RON A			81	Name			
	20 N ESSEX AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
HE	ERNANDO FL 34442-5320				000.7.00	(.c. box (tanbo la rior rioppiacie)		
				83				
				84	City		85 Zip	Code
I1. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida	a Statutes, th	he ebove	a-named cor	poration submits this statement for the purpose	of changing i	its registered
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such chang ligations of, Section 607.0	je was autho 1505, Florida	he above orized by Statutes	e-named cor the corpora 3.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing in a spointment as	its registered
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature typed or printed name of registried a	ate of Florida. Such chang igations of, Section 607.0	je was autho 505, Florida (NOTE Reg	he above orized by Statutes pistered Age	e-named cor the corpora 3.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in appointment as	its registered s registered
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Stgneture typed or printed name of registered a OFFICERS A	ate of Florida. Such chang ligations of, Section 607.0 agent and talk if applicable ND DIRECTORS	je was autho 505, Florida (NOTE: Reg	he above orized by Statutes pistered Age	e-named cor the corpora 3.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing in pointment as	its registered s registered RS IN 12
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature typed or printed name of registered a OFFICERS A	ate of Florida. Such chang igations of, Section 607.0	e was autho 505, Florida (NOTE Reg	he above prized by Statutes 13.	e-named cor the corpora 3.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in appointment as	its registered s registered RS IN 12
office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ate of Florida. Such chang ligations of, Section 607.0 agent and talk if applicable ND DIRECTORS	ge was autho 505, Florida (NOTE Reg	he above orized by Statutes 13. 1.1 TITLE	e-named corry the corpora s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	of changing in pointment as	its registered s registered RS IN 12
office or agent. I a SIGNATURE 12. DITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ate of Florida. Such chang ligations of, Section 607.0 agent and talk if applicable ND DIRECTORS	je was autho 505, Florida (NOTE Reg	he above prized by Statutes 13. 1.1 TITLE 1.2 NAME	e-named corpora the corpora s. int signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	of changing in pointment as	its registered s registered RS IN 12
office or agent. I ag	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable ND DIRECTORS	e was autho 505, Florida (NOTE: Reg	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	e-named corpora the corpora s. int signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as NUD DIRECTOL Change	its registered s registered
office or agent. I a gent.	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ate of Florida. Such chang ligations of, Section 607.0 agent and talk if applicable ND DIRECTORS	e was autho 505, Florida (NOTE Reg	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	e-named corpora the corpora s. int signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in appointment as	its registered s registered
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable ND DIRECTORS	e was autho 505, Florida (NOTE Reg	he above prized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	anamed cory the corpora the corpora s. int signature required and signature required and signature required and signature required	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as NUD DIRECTOL Change	its registered s registered
office or agent. I a signature 12. 11. 11. 11. 11. 11. 11. 11	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable ND DIRECTORS	e was autho 505, Florida (NOTE Reg	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	anned cory the corporal t	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as NUD DIRECTOL Change	its registered s registered
office or agent. I a sign.	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable ND DIRECTORS	e was authous 505, Florida (NOTE Reg	he above prized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	anned cory the corporal t	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as NUD DIRECTOL Change	its registered s registered RS IN 12 Addition
office or agent. I a sign.	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable IND DIRECTORS DEL	e was autho 505, Florida (NOTE Reg ETE	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	anned cory the corporal t	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as IND DIRECTOL Change	its registered s registered RS IN 12 Addition
office or agent. I a sign.	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable IND DIRECTORS DEL	e was autho 505, Florida (NOTE Reg ETE	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	anned cory the corporals. ADDRESS T-ZIP ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as IND DIRECTOL Change	its registered s registered RS IN 12 Addition
office or agent. 1 a SIGNATURE 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable IND DIRECTORS DEL	ETE	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 NAME 3.3 STREET 3.3 NAME 3.3 STREET 3.4 NAME 3.3 STREET 3.5 NAME 3	anned cory the corpora the corporate	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as IND DIRECTOL Change	its registered s registered RS IN 12 Addition
Office or agent. I a signit. I a signit. I a signit i a	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable IND DIRECTORS DEL	ETE	he above orized by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	anned cory the corpora the corporate	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as IND DIRECTOL Change	its registered s registered
11. Pursuant office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obless of the state of th	ale of Florida. Such chang ligations of, Section 607.0 agent and tale if applicable IND DIRECTORS DEL	ETE ETE ETE	he above or ized by Statutes 13. 1.1 Title 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 NAME 3.6 CITY-S 3.7 NAME 3.7 NAME 3.8 STREET 3.7 NAME 3.8 STREET 3.8 NAME 3.9 NAME 3.9 NAME 3.9 NAME 3.9 NAME 3.9 NAME	anned cory the corpora the corporate	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstaling) DATE	e of changing in pointment as Indiana in the change Indiana in the	its registered registered RS IN 12 Addition Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in the and accurate and that my signature shall have the same legal effect as if made under oath; that I em an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

FILED

Mar 23 1998 8:00am

Secretary of State

a andrinda and adire mente datel datel datel datel datel datel datel free datel free edite inde inde

Change Addition

Change

☐ Addition