2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 08:00 AM Secretary of State **DOCUMENT # P94000003037** MOHAMAD IQBAL SALEH, M.D., P.A. Principal Place of Business Mailing Address 12220 CORTEZ BLVD 12220 CORTEZ BLVD BROOKSVILLE, FL 34613 US BROOKSVILLE, FL 34613 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3221290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RHOADES, RON A DO NOT WRITE 2420 N ESSEX AVE HERNANDO, FL 34442-5320 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Rogistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE SALEH, MOHAMAD I NAME STREET ADDRESS 12220 CORTEZ BLVD U0000036N588 05/05/05-80039-014 150.00 BROOKSVILLE, FL 34613 CITY-ST-78P TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZiP NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED