


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 036 ***150.00

DOCUMENT # P94000012697					
1. Entity Name JAVED HAFEEZ, M.D., P.A.					
Principal Place of Business 4020 STATE RD 674 SUITE 1 SUN CITY CENTER, FL 33573-5299			Mailing Address 4020 SUN CITY CENTER BLVD SUITE 1 SUN CITY CENTER, FL 33573		
2. Principal Place of Business 4020 SUN CITY CENTER BLVD.		3. Mailing Address			
Suite, Apt. #, etc. SUITE #1		Suite, Apt. #, etc.			
City & State SUN CITY CENTER, FL		City & State		4. FEI Number 59-3229951	
Zip 33573		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOHR, ROBERT H CORPORATE CENTER, SUITE 100 137 S. PEBBLE BEACH BOULEVARD SUN CITY CENTER, FL 33573-5718			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 HAFEEZ, JAVED 4020 STATE RD 674 SUITE 1 SUN CITY CENTER, FL 335735299		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAFEEZ, JAVED 4020 SUN CITY CENTER BLVD., SUITE #1 SUN CITY CENTER, FL 33573	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ JAVED HAFEEZ, M.D.			Date 3/1/06 (813) 634-5502		