

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # P94000029231</b>	
1. Entity Name MOHAMMAD KHALID, P.A.	



Principal Place of Business 300 HEALTH PARK BLVD. 1000 ST AUGUSTINE, FL 32095	Mailing Address PO BOX 840009 SAINT AUGUSTINE, FL 32080 US
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03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3238317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

KHALID, MOHAMMAD  
 300 HEALTH PARK BLVD.  
 STE 1000  
 ST AUGUSTINE, FL 32086

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KHALID, MOHAMMAD 300 HEALTH PARK BLVD. STE 1000 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KHALID, MARIAM 300 HEALTH PARK BLVD. STE 1000 ST. AUGUSTINE, FL
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U000000585866  
 04/03/07-80022-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ **28-03-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #