

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 034 \*\*\*150.00



**DOCUMENT # P94000029231**

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3238317**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KHALID, MOHAMMAD  
 300 HEALTH PARK BLVD.  
 STE 1000  
 ST AUGUSTINE, FL 32086**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PSD KHALID, MOHAMMAD 300 HEALTH PARK BLVD. STE 1000 ST AUGUSTINE, FL <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	T KHALID, MARIAM 300 HEALTH PARK BLVD. STE 1000 ST. AUGUSTINE, FL <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 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 my address, with all other like empowered.

SIGNATURE: *M. Khalid* **PRESIDENT** Date: 4/7/08 Daytime Phone #: 904-471-1461