

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029231

Entity Name: MOHAMMAD KHALID, P.A.

FILED
Apr 16, 2011
Secretary of State

Current Principal Place of Business:

300 HEALTH PARK BLVD.
1000
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

PO BOX 840009
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3238317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: KHALID, MOHAMMAD
Address: 300 HEALTH PARK BLVD. STE 1000
City-St-Zip: ST AUGUSTINE, FL

Title: T
Name: KHALID, MARIAM
Address: 300 HEALTH PARK BLVD. STE 1000
City-St-Zip: ST. AUGUSTINE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIAM KHALID

T

04/16/2011

Electronic Signature of Signing Officer or Director

_____ Date