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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000071679 (1)

YASMIN R. AHMED, D.D.S, P.A.

Principal Place of Business Mailing Address 647 W SOUTH ST 847 W SOUTH ST ORLANDO FL 32805-2743 ORLANDO FL 32805 3a. Date of Last Report 3. Date Incorporated or Qualified 09/14/1995 04/04/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3343044 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has fiability for intangible tax under s. 199.032, Zip Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AHMED, YASMIN R 647 W SOUTH ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 64 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styriatore, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE AHMED, YASMIN R 1.2 NAME NAME **22E034** 647 W SOUTH ST 1.3 STREET ADDRESS STREET ADORESS ORLANDO FL 32805 1.4 CITY-\$T-ZIP CITY ST ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE 3 2 NAME NAM: 3 3 STREET ADORESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.