

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000018713

1. Entity Name
MOHAMMAD A. FAISAL, M.D., P.A.



Principal Place of Business
1283 SW STATE RD 47
STE 104
LAKE CITY, FL 32025 US

Mailing Address
P.O. BOX 3009
LAKE CITY, FL 32056 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3428500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAISAL, MOHAMMAD A
1283 SW STATE RD 47
SUITE 104
LAKE CITY, FL 32025

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D
NAME	FAISAL, MOHAMMAD A
STREET ADDRESS	1283 SW STATE RD 47 STE 104
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	VP
NAME	ROSADO, RICARDO MD
STREET ADDRESS	1283 SW STATE RD 47 STE 104
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	S
NAME	LAVANCE, MELISA S ARNP
STREET ADDRESS	1283 SW STATE RD 47 STE 104
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/30/08-80030-003-150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08 (386) 158-5985