

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018713

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

1283 SW STATE RD 47
STE 104
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3428500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAISAL, MOHAMMAD A
Address: 1283 SW STATE RD 47 STE 104
City-St-Zip: LAKE CITY, FL 32025

Title: VP () Delete
Name: ROSADO, RICARDO MD
Address: 1283 SW STATE RD 47 STE 104
City-St-Zip: LAKE CITY, FL 32025

Title: S () Delete
Name: LAVANCE, MELISA S ARNP
Address: 1283 SW STATE RD 47 STE 104
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAISAL, MOHAMMAD A MD
Address: 1283 SW STATE RD 47 STE 104
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M.A. FAISAL M.D.

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date