

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018713

**FILED**  
**Feb 16, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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:** MOHAMMAD FAISAL

PRES

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date