

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90092 041 ***558.75

DOCUMENT # P97000104845
1. Entity Name
Mohammad T. Javed, M.D., P.A. ✓

DO NOT WRITE IN THIS SPACE

80133657

2. Principal Place of Business
6447 Lake Worth Road
Suite, Apt. #, etc.

3. Mailing Address
6447 Lake Worth Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33463

Country

Zip
33463

Country

4. FEI Number 65-0802280 Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Mohammad T. Javed
Street Address (P.O. Box Number is Not Acceptable)
490 Cypress Crossing
City Wellington FL Zip Code 33414

6. 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Javed, Mohammad T
STREET ADDRESS	490 Cypress Crossing
CITY - ST - ZIP	Wellington, FL 33414
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 801, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mohammad T. Javed M T Javed 8-7-02 (501) 753-0405

CIT2E0348 (12/01)