

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90061 002 ***150.00

DOCUMENT # P99000044374

1. Entity Name
SHAHINA JAVEED, M.D., P.A.

Principal Place of Business 3934 TALAH DRIVE PALM HARBOR FL 34684-2457 4904 PA	Mailing Address 3934 TALAH DRIVE PALM HARBOR FL 34689-8126
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2. Principal Place of Business 4904 MOOG ROAD	3. Mailing Address SHAHINA JAVEED MD
Suite, Apt #, etc.	Suite, Apt. #, etc. 2660 EAST LAKE TRAIL

DO NOT WRITE IN THIS SPACE

City & State HOLIDAY FL	City & State TARPON SPRINGS FL	4. FEI Number 59-3575996	Applied For <input type="checkbox"/> Not Applicable
Zip 34690	Country USA	Zip 34689	Country USA

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

6. Name and Address of Current Registered Agent
**GASSMAN, ALAN S ESQ
 1245 COURT STREET SUITE 102
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent
 Name **SHAHINA JAVEED, M.D., P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2660 EAST LAKE TRAIL
 City **TARPON SPRINGS FL** Zip Code **34689**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAVEED, SHAHINA MD 3934 TALAH DRIVE PALM HARBOR FL 34684-2457	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	* MD SHAHINA JAVEED MD 2660 EAST LAKE TRAIL TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. JAVEED **REQUIRED** Date: **3/3/2000** Daytime Phone #: **(727) 934-5765**

CR2E034 (9/99)