

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044374

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

FILED
May 09, 2005
Secretary of State

Current Principal Place of Business:

3904 MOOG ROAD
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

2660 EAST LAKE TRAIL
TARPON SPRINGS, FL 34689 US

New Mailing Address:

1184 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3575996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAVEED, SHAHINA MD
Address: 2660 EAST LAKE TRAIL
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JAVEED, SHAHINA MD
Address: 1184 RIVEREDGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAHINA JAVEED

PRES

05/09/2005

Electronic Signature of Signing Officer or Director

_____ Date