

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044374

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4904 MOOG ROAD  
HOLIDAY, FL 34690 US

**New Principal Place of Business:**

**Current Mailing Address:**

1184 RIVEREDGE DRIVE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

4904 MOOG ROAD  
HOLIDAY, FL 34690 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

**OFFICERS AND DIRECTORS:**

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

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: SHAHINA JAVEED

MD

03/16/2011

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

\_\_\_\_\_ Date