

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000044378

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

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4740 MILE STRETCH DRIVE  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

2660 E LAKE TRAIL  
TARPON SPRINGS, FL 34688126 US

**New Mailing Address:**

FEI Number: 59-3575998

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JAVEED, NAJAM MD  
Address: 2660 E LAKE TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688

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: NAJAM JAVEED

MD

03/10/2010

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

\_\_\_\_\_  
Date