2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# V41472

Entity Name: ANEESA B. AHMAD, M.D., P.A.

Current Principal Place of Business:

331 NORTH MAITLAND AVENUE
SUITE C-2
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

509 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3140433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHMAD, ANEESA B MD
509 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701 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: P
Name: AHMAD, ANEESA B MD
Address: 509 BARCLAY AVE.
City-St-Zip: ALTAMONTE SPRNGS, FL 32701

Title: VP
Name: AHMAD, NADIA B JD
Address: 509 BARCLAY AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S
Name: AHMAD, RUBINA B
Address: 509 BARCLAY AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T
Name: AHMAD, SHAZIA B
Address: 509 BARCLAY AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S
Name: AHMAD, OSMAN Z
Address: 509 BARCLAY AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ANEESA AHMAD P 03/15/2011

Electronic Signature of Signing Officer or Director — Date