

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 523937

**Entity Name:** MOHAMMAD YUNUS, M. D., P. A.

**Current Principal Place of Business:**

404 E HWY 90  
BONIFAY, FL 32425

**Current Mailing Address:**

404 E HWY 90  
BONIFAY, FL 32425

**FEI Number:** 59-1723870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YUNUS, MOHAMMAD M.D.  
404 W. HWY 90  
BONIFAY, FL 32425 US

*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

**Officer/Director Detail :**

Title PD  
Name YUNUS, MOHAMMAD M.D.  
Address 404 E HWY 90  
City-State-Zip: BONIFAY FL 32425

Title D  
Name YUNUS, SALMA J  
Address 404 E HWY 90  
City-State-Zip: BONIFAY FL 32425

*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:** MOHAMMAD YUNUS

**PRESIDENT**

**02/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date