

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000041520

**Entity Name:** MOHAMMED I. BAIG, M.D., P.A.

**Current Principal Place of Business:**

4100 S HOSPITAL DR STE 300  
300  
PLANTATION, FL 33317

**Current Mailing Address:**

4100 S HOSPITAL DR STE 300  
300  
PLANTATION, FL 33317

**FEI Number:** 02-0617767

**Certificate of Status Desired:** No

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

BAIG, NIKHAT  
3466 NW 122ND AVE  
SUNRISE, FL 33323 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	PVST	Title	D
Name	BAIG, MOHAMMED I	Name	BAIG, MOHAMMED I
Address	3466 NW 122ND AVE.	Address	3466 NW 122ND AVE.
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** MOHAMMED I BAIG

PVST

04/23/2023

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

\_\_\_\_\_  
Date