# 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 BAIG

Electronic Signature of Signing Officer/Director Detail

D

## 2021 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

#### 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

#### **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

### FILED Apr 30, 2021 Secretary of State 9098667854CC

04/30/2021

#### Certificate of Status Desired: No

Date