

2018 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: BAIG, MOHAMMED

PVST

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date