

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000067178

**Entity Name:** SHAHID ZEB MD PA

**Current Principal Place of Business:**

4123 UNIVERSITY BLVD S  
SUITE D  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4123 UNIVERSITY BLVD S  
D  
JACKSONVILLE, FL 32216 US

**FEI Number: 59-3697740**

**Certificate of Status Desired:** Yes

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

ZEB, SHAHID MD  
4255 GLENN KERNAN PARKWAY EAST  
JACKSONVILLE, FL 32224 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:** SHAHID ZEB MD PA

10/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR.  
Name ZEB, SHAHID MD  
Address 4255 GLEN KERNAN PARKWAY E  
City-State-Zip: JAXKSONVILLE FL 32224

Title P  
Name ZEB, SHAHID M.D  
Address 4255 GLEN KERNAN PARKWAY E  
City-State-Zip: JACKSONVILLE FL 32224

Title P  
Name ZEB, SHAHID M.D  
Address 4255 GLEN KERNAN PARKWAY E  
City-State-Zip: JACKSONVILLE FL 32224

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City-State-Zip: JACKSONVILLE FL 32224

Title P  
Name ZEB, SHAHID M.D  
Address 4255 GLEN KERNAN PARKWAY E  
City-State-Zip: JACKSONVILLE FL 32224

Title P  
Name ZEB, SHAHID P  
Address 4255 GLEN KERNAN PARKWAY E  
City-State-Zip: JACKSONVILLE FL 32224

*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:** SHAHID ZEB

M.D

10/24/2023

Electronic Signature of Signing Officer/Director Detail

Date