

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000029231

**Entity Name:** MOHAMMAD KHALID, P.A.

**Current Principal Place of Business:**

300 HEALTH PARK BLVD.  
1000  
ST AUGUSTINE, FL 32086

**FILED**  
**Mar 31, 2013**  
**Secretary of State**  
**CC8749952158**

**Current Mailing Address:**

PO BOX 840009  
SAINT AUGUSTINE, FL 32080 US

**FEI Number: 59-3238317**

**Certificate of Status Desired: No**

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

KHALID, MOHAMMAD  
300 HEALTH PARK BLVD.  
STE 1000  
ST AUGUSTINE, FL 32086 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	PSD	Title	T
Name	KHALID, MOHAMMAD	Name	KHALID, MARIAM
Address	300 HEALTH PARK BLVD. STE 1000	Address	300 HEALTH PARK BLVD. STE 1000
City-State-Zip:	ST AUGUSTINE FL 32086	City-State-Zip:	ST. AUGUSTINE FL 32086

*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 KHALID**

**PRESIDENT**

**03/31/2013**

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

\_\_\_\_\_  
Date