

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104845

Entity Name: MOHAMMAD T. JAVED, M.D., P.A.

Current Principal Place of Business:

6447 LAKE WORTH RD
LAKE WORTH, FL 33463

Current Mailing Address:

6447 LAKE WORTH RD
LAKE WORTH, FL 33463

FEI Number: 65-0802280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAVED, MOHAMMAD T
6447 LAKE WORTH RD
LAKE WORTH, FL 33463 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 P
Name JAVED, MOHAMMAD T
Address 6447 LAKE WORTH RD
City-State-Zip: LAKE WORTH FL 33463

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 T. JAVED

P

03/19/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date