

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000043621

**Entity Name:** MOHAMMED G. CHOUDHURY, M.D., P.A.

**Current Principal Place of Business:**

155 NW ENTERPRISE WAY  
STE A  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 1804  
LAKE CITY, FL 32055

**FEI Number: 59-3623056**

**Certificate of Status Desired:** No

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

CHOUDHURY, MOHAMMED G  
155 NW ENTERPRISE WAY  
LAKE CITY, FL 32055 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 MD  
Name CHOUDHURY, MOHAMMED G  
Address 155 NW ENTERPRISE WAY  
City-State-Zip: LAKE CITY FL 32055

*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 CHOUDHURY

MD

04/01/2024

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

\_\_\_\_\_  
Date