

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90075 031 ***155.00

DOCUMENT # **M86790**

1. Entity Name
S. A. AZIZ, M.D., INC.



Principal Place of Business
**561 E HORATIO AVE.
MAITLAND FL 32751
US**

Mailing Address
**4564 THORNLEA ROAD
ORLANDO FL 32817
US**



2. Principal Place of Business
4564 Thornlea Rd.

3. Mailing Address

Suite, Apt. #, etc.
Orlando Fl

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1035186**

Applied For
Not Applicable

Zip **32817** Country **Orange**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AZIZ, S.A.
4564 THORNLEA ROAD
ORLANDO FL 32817**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sanjay A. Aziz**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/02/03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDS	AZIZ, S. A.	4564 THORNLEA ROAD	ORLANDO FL	<input type="checkbox"/>
S	AKHTAR, SHAHEDA	561 E HOROKO AVE	MAITLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4564 Thornlea Rd.	Orlando FL 32817	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sanjay A. Aziz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/02/03** DAYTIME PHONE # **407-679-1805**

DATE

DAYTIME PHONE #

CR2E034 (10/02)