2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000119012

1. Entity Name
DR. NICK AUSAF FAMILY PRACTICE, P.A.

FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

5 RYANT BLVD.

SEBRING, FL 33872 US

Mailing Address

PO BOX 8057

SEBRING, FL 33872-0118 US



DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0005990

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, THOMAS C III 703 COURT ST. CLEARWATER, FL 33756-5507 DO NOT WRITE IN THIS SPACE

the obligations of registered agent. SIGNATURE Signature, haded or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	10 m 22 gr		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AUSAF, NIAZ A D.O. PO BOX 8057 SEBRING, FL 338720118				1.000000923493 .05/18/08=80032-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST+ZIP					

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

^{12.} I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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