

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M86790

**Entity Name:** S. A. AZIZ, M.D., INC.

**Current Principal Place of Business:**

4564 THORNLEA ROAD  
ORLANDO, FL 32817

**Current Mailing Address:**

4564 THORNLEA ROAD  
ORLANDO, FL 32817 US

**FEI Number:** 31-1035186

**Certificate of Status Desired:** No

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

AZIZ, S.A.  
4564 THORNLEA ROAD  
ORLANDO, FL 32817 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	PDS	Title	S
Name	AZIZ, S. A.	Name	AKHTAR, SHAHEDA
Address	4564 THORNLEA ROAD	Address	4564 THORNEA RD.
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817

*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:** S A AZIZ MD

**PRESIDENT**

**03/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date