

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4:50

DOCUMENT # **512658** (6)  
1. Corporation Name  
**FARID ULLAH, M.D., P.A.**

Principal Place of Business: **1750 EAST LIME STREET #4 FERNANDINA BCH FL 32034**  
Mailing Address: **1750 EAST LIME STREET #4 FERNANDINA BCH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1976**  
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>1750 East Lime Street</b>		26 <b>1750 East Lime Street</b>		59-1687961		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 <b>4</b>		27 <b>4</b>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23 <b>Fernandina Beach, FL</b>		28 <b>Fernandina Beach, FL</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24 <b>32034</b>	25	29 <b>32034</b>	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ULLAH, FARID 1750 EAST LIME STREET FERNANDINA BCH FL 32034</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVP</b>	1. TITLE	<b>PVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLAH, FARID, M.D.</b>	12. NAME	<b>Ullah, Farid, M.D.</b>
STREET ADDRESS	<b>1750 EAST LIME STREET</b>	13. STREET ADDRESS	<b>1750 East Lime Street #4</b>
CITY- ST- ZIP	<b>FERNANDINA BCH FL 32034</b>	14. CITY- ST- ZIP	<b>Fernandina Beach, FL 32034</b>
TITLE	<b>ST</b>	2. TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLAH, SUSAN C.</b>	22. NAME	<b>Ullah, Susan C.</b>
STREET ADDRESS	<b>1750 EAST LIME STREET</b>	23. STREET ADDRESS	<b>1750 East Lime Street #4</b>
CITY- ST- ZIP	<b>FERNANDINA BCH FL 32034</b>	24. CITY- ST- ZIP	<b>Fernandina Beach, FL 32034</b>
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, as it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **FARID ULLAH** 3/29/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date