

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 512658 (6)

1. Corporation Name  
FARID ULLAH, M.D., P.A.



Principal Place of Business: 1750 EAST LIME STREET, FERNANDINA BEACH FL 32034, US  
Mailing Address: 1750 EAST LIME STREET, FERNANDINA BEACH FL 32034, US

3. Date Incorporated or Qualified: 09/20/1976  
3a. Date of Last Report: 04/03/1995  
4. FEI Number: 59-1687961  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1864 LIME STREET, 22 4, 23 FERNANDINA BEACH, FL, 24 32034, 25 Country  
2a. Mailing Address: 26 1864 LIME STREET, 27 4, 28 FERNANDINA BEACH, FL, 29 32034, 30 Country

9. Name and Address of Current Registered Agent

ULLAH, FARID  
1750 EAST LIME STREET  
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name: ULLAH, FARID  
82 Street Address (P.O. Box Number is Not Acceptable): 1864 LIME STREET #4  
83  
84 City: FERNANDINA BEACH, FL 85 Zip Code: 32034

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg. Sec. 1 Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PVP	
NAME	ULLAH, FARID M	
STREET ADDRESS	1750 EAST LIME STREET #4	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	ST	
NAME	ULLAH, SUSAN C.	
STREET ADDRESS	1750 EAST LIME STREET #4	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PVP		
1.2 NAME	ULLAH, FARID M		
1.3 STREET ADDRESS	1864 LIME STREET #4		
1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
2.1 TITLE	ST		
2.2 NAME	ULLAH, SUSAN C		
2.3 STREET ADDRESS	1864 LIME STREET # 4		
2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muhammad C. Ullah* *Susan C. Ullah* 3/15/96 904-261-6135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)