

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 512658 (6)
 1. Corporation Name
FARID ULLAH, M.D., P.A.



Principal Place of Business 1864 LIME STREET SUITE 4 FERNANDINA BEACH FL 32034 US	Mailing Address 1864 LIME STREET 4 FERNANDINA BEACH FL 32034-4741 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 09/20/1976	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1687961	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ULLAH, FARID
 1864 LIME STREET #4
 FERNANDINA BCH FL 32034**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	85 Zip Code FL

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	ULLAH, FARID M	
STREET ADDRESS	1864 LIME STREET #4	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ULLAH, SUSAN C.	
STREET ADDRESS	1864 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

Please see attached

14. I do 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 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 _____

CR2E034 (9/96)

Langley & Associates, P.A.

CERTIFIED PUBLIC
ACCOUNTANTS

Member of the
American Institute and the
Florida Institute of
Certified Public Accountants

JOHN A. LANGLEY, C.P.A.

June 13, 1997

Farid Ullah, M.D., P.A.
1864 Lime Street #4
Fernandina Beach, FL 32034-3051

Dear Sue,

Enclosed please find the corporation's 1997 Annual Report. This was found in some of the information you had sent to our office.

The form should have been filed by May 1, 1997 along with the fee of \$165.00. The penalty for not filing this form on time is \$385.00. I am crediting your account in the amount of \$385.00 to reimburse you for this penalty.

You will need to file this as soon as possible and include a check for \$550.00. (includes \$165.00 fee and penalty of \$385.00)

I apologize for any inconvenience this has caused and if you have any questions please give me a call.

Sincerely,

Cyndi

Cyndi Kopp