

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

**FILED**  
**Jun 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1864 LIME STREET                  SUITE 4                  FERNANDINA BEACH FL 32034                  US</b>	Mailing Address <b>1864 LIME STREET                  4                  FERNANDINA BEACH FL 32034-4741                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/20/1976</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>59-1687961</b>	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	<b>FL</b>
	85 Zip Code

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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	<b>PVP</b>	<input type="checkbox"/> DELETE
NAME	<b>ULLAH, FARID M</b>	
STREET ADDRESS	<b>1864 LIME STREET #4</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ULLAH, SUSAN C.</b>	
STREET ADDRESS	<b>1864 LIME STREET #4</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	
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