

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90026 007 ***150.00

DOCUMENT # 512658
1. Entity Name
 FARID ULLAH, M.D., P.A. ✓

Principal Place of Business **Mailing Address**
 1864 Lime Street 1864 Lime Street
 Suite 4 Suite 4
 Fernandina Beach, FL 32034 Fernandina Beach, FL 32034

658544

2. Principal Place of Business **3. Mailing Address**
 2334 East State Rd 200 2334 East State Rd 200
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 100 Suite 100

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Fernandina Beach, FL Fernandina Beach, FL

Zip **Country** **Zip** **Country**
 32034 USA 32034 USA

4. FEI Number **Applied For**
 591687961 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ULLAH, FARID
 1864 Lime Street #4
 Fernandina Beach, FL 32034

7. Name and Address of New Registered Agent
 Name: ULLAH, FARID
 Street Address (P.O. Box Number is Not Acceptable)
 2334 East State Rd. 200 Suite 100
 City: Fernandina Beach FL Zip Code: 32034

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


11. OFFICERS AND DIRECTORS

TITLE President / Vice President <input type="checkbox"/> Delete	NAME FARID ULLAH, M.D. PA
STREET ADDRESS 1864 Lime Street #4	CITY-ST-ZIP Fernandina Beach, FL 32034
TITLE Secretary / Treasurer <input type="checkbox"/> Delete	NAME ULLAH, SUSAN C.
STREET ADDRESS 1864 Lime Street #4	CITY-ST-ZIP Fernandina Beach, FL 32034
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FARID ULLAH, MD PA
STREET ADDRESS 2334 East State Rd 200 Suite 100	CITY-ST-ZIP Fernandina Beach, FL 32034
TITLE Secretary / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SUSAN C. ULLAH
STREET ADDRESS 2334 East State Rd 200 Suite 100	CITY-ST-ZIP Fernandina Beach, FL 32034
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:  **Date** 4/30/01 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/00)