

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	<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	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: x  4/30/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)