


**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 512658</b>	
1. Entity Name AMELIA INSTITUTE OF CARDIOLOGY & MEDICINE, P.A.	

Principal Place of Business 2334 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US	Mailing Address 2334 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US
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03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1687961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULLAH, FARID  
 2334 SOUTH 8TH STREET  
 FERNANDINA BCH, FL 32034

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000878789 04/14/08-80070-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP ULLAH, FARID M 2334 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ULLAH, SUSAN C. 2334 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Farid Ullah, MD 03/31/2008 904-261-6135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #