

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512658

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: AMELIA INSTITUTE OF CARDIOLOGY & MEDICINE, P.A.

**Current Principal Place of Business:**

2334 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

2334 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

FEI Number: 59-1687961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: ULLAH, FARID M  
Address: 2334 SOUTH 8TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST ( ) Delete  
Name: ULLAH, SUSAN C.  
Address: 2334 SOUTH 8TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVP (X) Change ( ) Addition  
Name: ULLAH, FARID MD  
Address: 2334 SOUTH 8TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST (X) Change ( ) Addition  
Name: ULLAH, SUSAN C  
Address: 2334 SOUTH 8TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARID ULLAH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DR

01/06/2009

\_\_\_\_\_ Date