

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

DR

01/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date