

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512658

**FILED**  
**Apr 06, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: FARID ULLAH

PRES

04/06/2012

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

\_\_\_\_\_ Date