## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** 2005 08:00 AM

Secretary of State  Letty Name ABDUL LATEEF BHATTI, M.D., P.A.  Missing Address Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  C. Gerificate of Data Desired Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  BHATTI, ABDUL LATEEF Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  C. This above across of registered agent The children of registered agent Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  C. This above across of registered agent Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  C. This above across of registered agent Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  C. This above across of registered agent Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  FLE NORWIT FEE 16 4150.00 After May 1, 2005 Fee will be 5550.00  The Company of the desired agent Sed ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUL LATEEF M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEEF M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEEF M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEEF M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEEF M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 32177  DO NOT WRITE IN THIS SPACE  THE MATTIADOUS LATEER M.D. SEG ZEAGLER DRIVE PALATKA, FL 321	ANNUAL	REFURI		Apr 23, 2005 08:00
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BHATTI, ABDUL LATEEF 524 ZEAGLER DRIVE PALATKA, FL 32177  6. The above named only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, topod or prince name of registered agent and first 7 deptisable.   NOTE Registered Agent Agent agent with required view containing   DATE    FILE NOWIH FEE IS \$150.00			CE	04062005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicable           5. Certificate of Status Desired         \$8.75 Additional
the obligations of registered agent.  SIGNATURE    Signature   Sig	BHATTI, ABDUL LATEEF 524 ZEAGLER DRIVE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Deficiency State (Control of the Control of the C		the purpose of changing its registere	ed office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE  MAKE STREIT ADDRESS CITY-ST-ZIP  TITLE  NAME STREIT ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREIT ADDRESS CITY-ST-ZIP  TITLE  TI	SIGNATURESignature, typed or printed name of registered agent an	id tille if applicable. (NOTE, Registered	1 Agent signature required	r DATE
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS	A Company of the Comp		DO NOT WRITE
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SIGNATURE: 4/19/05	12. I hereby certify that the information supplied with the indicated on this report or supplemental report is the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with the corporation of the receiver or trustee.	nis filing does not qualify for the exen rue and accurate and that my signature rered to execute this report as require thall other like empowered.	nption stated in Secure shall have the sa ed by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if
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