## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 A Secretary of State

ANN	May 01, 2006 08:00					
DOCUMENT # 577313				Seci	retary of Stat	
ABDUL LATEEF BHATTI, M.D.	, P.A.		 			
Principal Place of Business	Mailing Address		1			
524 ZEAGLER DRIVE PALATKA, FL 32177	524 ZEAGLER DRIVE Palatka, Fl. 32177		Annua magaminan in sa a sa a sa a sa a sa a sa a sa			
DO NOT WE	ITE IN THIS SPA	^E	04252006 N	o Chg-P C	R2E034 (11/05)	
DO NOT WA	HE IN THIS STA	CE	4. FEI Number 59-182665	3	Applied For Not Applicable	
			5. Certificate of Sta	<del></del>	\$8.75 Additional	
6. Name and Address of	Current Registered Agent					
BHATTI, ABDUL LATEEF			א סמ	OT WRI	TE	
524 ZEAGLER DRIVE PALATKA, FL 32177		DO NOT WRITE				
,			IN IH	IS SPA	UE .	
	ement for the purpose of changing its register	ed office or register	red agent, or both, in t	the State of Florida.	I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of regist	ered agent and title if applicable. (NOTE, Registers	ed Agent signature requirer	d when reinstaling)	. <u>, , , , , , , , , , , , , , , , , , ,</u>	DATE	
efillE NOW!!! FEE IS \$150 After May 1, 2006 Fee will be			.00 May Be		्रे स्थापना सम्बद्धाः स्थापना सम्बद्धाः	
	RS AND DIRECTORS			<del></del>		
ITILE PD NAME BHATTI,ABDUL LATEEF	.M.D.					
STREET ADDRESS 524 ZEAGLER DR		1				
CITY-ST-ZIP PALATKA, FL 32177		4				
TITLE NAME				HAMMAGE	77717	
STREET ADDRESS			i	:00000003 115/15/06-81	52712 0023-004 150.00	
CITY-ST-ZIP		-		-		
NAME						
STREET ADDRESS CITY-ST-ZIP			DO N	OT WR	ITF	
TITLE		1	-			
NAME			IN I H	IIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP						
TITLE		1				
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		4		-		
NAME		1				

12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE: ABLANTA		4.26.06			
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #		

STREET ADDRESS CITY-ST-ZIP