

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # 577313

1. Entity Name

ABDUL LATEEF BHATTI, M.D., P.A.



Principal Place of Business

524 ZEAGLER DRIVE
PALATKA, FL 32177

Mailing Address

524 ZEAGLER DRIVE
PALATKA, FL 32177



04212007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1826653

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BHATTI, ABDUL LATEEF
524 ZEAGLER DRIVE
PALATKA, FL 32177

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BHATTI, ABDUL LATEEF, M.D.
STREET ADDRESS 524 ZEAGLER DR
CITY-ST-ZIP PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1101000733035

05/03/07-80070-021 150.00

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

384 3285811

Daytime Phone #