

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004502

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** METROLINA INFECTIOUS DISEASES, P.A.

**Current Principal Place of Business:**

1720 E VENICE AVE  
VENICE, FL 34292

**New Principal Place of Business:**

517 RIVIERA STREET  
SUITE D  
VENICE, FL 34285

**Current Mailing Address:**

1720 E VENICE AVE  
VENICE, FL 34292

**New Mailing Address:**

517 RIVIERA STREET  
SUITE D  
VENICE, FL 34285

**FEI Number:** 26-1552359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAROOQ, AHMED O PRESID  
1720 E VENICE AVE  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

FAROOQ, AHMED O PRESID  
517 RIVIERA STREET  
SUITE D  
VENICE, FL 34285 US

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

04/19/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FAROOQ, AHMED O PRESIDE  
Address: 517 RIVIERA STREET SUITE D  
City-St-Zip: VENICE, FL 34285

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: AHMED OMER FAROOQ

MD

04/19/2012

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

\_\_\_\_\_  
Date