FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SYED MALIK M.D., P.A.

FILED										
Feb	12	1998	8:00am							
Se	ecre	tary o	of State							



Principal Place of Business Mailing Address						A SECURE CIPE CITY TO SECURE STATE OF SECURE	41411 67611 6781	75 81817 1981
% SYED MALIK 2501 N ORANGE AVE STE 213 SO ORLANDO FL 32804		% SYED MALIK 2501 N ORANGE AVE STE 213 SO ORLANDO FL 32804		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						04/28/1981		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2211388		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75	Additional
22		27				6. Certificate of Status Desired	Fee Re	quired
City & Slat	е	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip					. This corporation owes or has paid the current year Intangible		
24			30	Personal Property Tax due June 30. Yes] No	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registere	3 Agent	
	ALIK, SYED A., M.D.			01	Name			i
	io1 n. Orange ave Jite 213 south			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	RLANDO FL 32804			63			····	
			ĺ	84	City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Sta	itutos, the at	LL	-named corpo	oration submits this statement for the purpose	of changing its	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	eof Horida. Such change wa	as authorized	d bv	the corporation	on's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE]
	Signature, typed or printed name of registered ag-			d Ager	nt signature require	d when reinstaling) DATE		
12.		D DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	DP NAME OF THE PROPERTY OF THE	☐ DELETE	1.1 (1)				☐ Change	Addition
NAME	MALIK, SYED		1 2 NA		}			Į.
STREET ADDRESS	8786 LK TIBET COURT		1		ADDRESS			Į.
CITY-ST-ZIP	ORLANDO FL	T Druze		TY-SI	I - ZIP			T Addition
TITLE	DVP	DELETE	2.1 (1)		ŀ		Change	Addition
NAME	MALIK, RAZIA		2.2 NA		_			
STREET ADDRESS	8786 LK TIBET CT ORLANDO FL				ADDRESS			- {
CITY-ST-ZIP	UNLANDO FL	DELETE	2.4 CI		T-ZIP	- Annual Control of the Control of t	Change	Addition
TITLE			3.1 11				C Antanika	
NAME	•		3.2 NA		Apported			
STREET AUDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 TiT		1-202		Change	Addition
NAME		<u></u>	4.2 N				- Vindingly	
					ADODECC			
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP TITLE		DELETE	5.1 TIT	1Y-\$1	1- ZIP		Change	Addition
NAME		tand Street	5.1 NA		Ì		- initial	
STREET ADDRESS			•		ADDRESS			}
CITY-ST-ZIP			5.4 CI		1			
TITLE		DELETE	6.1 Til		- EIF		Change	Addition
NAME			6.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	i		6.4 CI					

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an allocation with an address.

SIGNATURE: