

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90020 009 ***150.00

DOCUMENT # F95000

1. Corporation Name

SURRIYA A. SABIR, M.D., P.A.

Principal Place of Business

1075 9TH AVENUE NORTH
ST PETERSBURG FL 33705-1255
US

Mailing Address

1075 9TH AVENUE NORTH
ST PETERSBURG FL 33705-1255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1982

4. FEI Number

59-2207575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4535 45th STREET SOUTH

Suite, Apt. #, etc.

22 ST. PETERSBURG, FL

City & State

23 33711-4437

Zip

25 US

Country

2a. Mailing Address

26 4535 45th STREET SOUTH

Suite, Apt. #, etc.

27 ST. PETERSBURG, FL

City & State

28 33711-4437

Zip

30 US

Country

9. Name and Address of Current Registered Agent

SABIR, SURRIYA A
1075 9TH AVENUE NORTH
ST PETERSBURG FL 33705-8255

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4535 45th STREET SOUTH

83

84 City ST. PETERSBURG

FL

85 Zip Code

33711-4437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

SURRIYA A. SABIR, PRESIDENT

DATE 4-1-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SABIR, SURRIYA A
STREET ADDRESS 1075 9TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

CR2E034 (11/98)

14. 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 annual report or supplemental 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 attachment with an address, with all other like empowered.

SIGNATURE:

SURRIYA A. SABIR, PRESIDENT, 4-1-99