

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # M22694

1. Entity Name
SULAYMAN E. JALLOW, M.D., P.A.



Principal Place of Business

**C/O NORTH SHORE MEDICAL ARTS BUILDING
1190 N.W. 95 ST., SUITE 304
MIAMI, FL 33150**

Mailing Address

**C/O NORTH SHORE MEDICAL ARTS BUILDING
1190 N.W. 95 ST., SUITE 304
MIAMI, FL 33150**

*\$150.00 OK 16967
1/12/06*



DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2131840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JALLOW, SULAYMAN E.
1190 N.W. 95 ST.
SUITE 304
MIAMI, FL 33150**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
JALLOW, SULAYMAN E., MD
1190 NW 95 ST., #304
MIAMI, FL**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000395073
01/27/06-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-06 8352900