# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 10, 2008**
**Secretary of State**

DOCUMENT# M22694

**Entity Name:** SULAYMAN E. JALLOW, M.D., P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

601 N. FLAMINGO ROAD
413
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

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

**New Mailing Address:**

601 N. FLAMINGO ROAD
413
PEMBROKE PINES, FL 33028

**FEI Number: 59-2131840** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

JALLOW, SULAYMAN E.
601 N. FLAMINGO ROAD
413
PEMBROKE PINES, FL 33028 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: _____ 07/10/2008
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: JALLOW, SULAYMAN E.,, MD
Address: 1190 NW 95 ST., #304
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition
Name: JALLOW, SULAYMAN E.,, MD
Address: 601 N. FLAMINGO ROAD # 413
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SULAYMAN E. JALLOW PRES 07/10/2008
Electronic Signature of Signing Officer or Director — Date