

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011435

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ZIAUDDIN MEDICAL UNIVERSITY USA, INC.

**Current Principal Place of Business:**

4800 N. FEDERAL HWY  
SUITE 200E  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N. FEDERAL HWY  
SUITE 200E  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 45-4024976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOFTBOOKS, INC.  
5373 N. NOB HILL ROAD  
SUNRISE, FL 33351 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QURESHI, MAHAMMAD A  
Address: 4800 N. FEDERAL HWY, SUITE 200E  
City-St-Zip: BOCA RATON, FL 33431

Title: VP  
Name: HUSSAIN, ABID  
Address: 13501 LAURINDA WAY  
City-St-Zip: TUSTIN, CA 92780

Title: T/S  
Name: ALTAF, SATTAR  
Address: 812 SW 191 LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAHAMMAD A. QURESHI

P

04/30/2012

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

\_\_\_\_\_  
Date