2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107257

Entity Name: SAUL ULLMAN, M.D., P.A.

FILED Jan 03, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
9400 UNIVERSITY PAR SUITE 302 PENSACOLA, FL 3251				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
9400 UNIVERSITY PARKWAY				
SUITE 302 PENSACOLA, FL 3251	4			
FEI Number: 59-3681863	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			f New Registered Agent:	
SASLAW, GARY R ESC 20801 BISCAYNE BLVE AVENTURA, FL 33180	SUITE 304			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D (Name: ULLMAN, SAU) Delete JL MD	Title: Name:	() Change () Addition	

 Name:
 ULLMAN, SAUL MD
 Name:

 Address:
 302 PLANTATION HILL ROAD
 Address:

 City-St-Zip:
 GULF BREEZE, FL 32561
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAUL ULLMAN D 01/03/2005