## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000115195

1. Entity Name

YAKUB A. POTHIAWALA MD, PA



Mailing Address

Principal Place of Business 3865 NORTHDALE BLVD TAMPA, FL 33624

3865 NORTHDALE BLVD TAMPA, FL 33624

## FILED Apr 12, 2004 08:00 AM Secretary of State



03172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3690682 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTHIAWALA, YAKUB A 3865 NORTHDALE BLVD TAMPA, FL 33624

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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 site of applicable (NOTE, Registered Agent signature required when relinstating)  DATE					
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campa Trust Fund Con			atng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTHIAWALA, YAKUB A MD 3865 NORTHDALE BLVD TAMPA, FL 33624				U00000109259 04/12/04-80036-019 158.75
NILE NAME STREET ADDRESS CITY-ST-ZIP					
name Street address City-St-21P				DO	NOT WRITE
ritle Name Street address City-St-Zip				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
SITLE NAME STREET ADDRESS CSY'ST-ZIP					
12. I hereby certify that the information supplied with this filling does not quality 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 signature shall have the same legal offset as if made under only that the respect to the same legal offset as if made under only that the information					

2. Thereby contribution supplies with his hing does not quality for the exemption stated in Section 119.07(3)(i), Forca Statutes, if 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fall 8/3 960