


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000115195**

1. Entity Name  
YAKUB A. POTHIAWALA MD, PA



Principal Place of Business  
3865 NORTHDAL BLVD  
TAMPA, FL 33624

Mailing Address  
3865 NORTHDAL BLVD  
TAMPA, FL 33624

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3690682

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

POTHIAWALA, YAKUB A  
3865 NORTHDAL BLVD  
TAMPA, FL 33624

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POTHIAWALA, YAKUB A MD
STREET ADDRESS	3865 NORTHDAL BLVD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000785291  
01/16/08-80089-022 150.00

**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:  **1/16/08** **813-960-4401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #