

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name **P01000059692**
ZAKIUDDIN AHMED, M.D., P.A.

663502

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7420 COMMUNITY COURT
 Suite, Apt. #, etc.

3. Mailing Address
7420 COMMUNITY COURT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HUDSON, FL 34667

City & State
HUDSON, FL 34667

4. FEI Number
59-3725438

Applied For
 Not Applicable

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

Zip Country
34667 PASCO

Zip Country
34667 PASCO

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Kristine M. Bigelow, CPA, PA

Street Address (P.O. Box Number's Not Accepted)
6630 Embassy Blvd. Suite B

City
Port Richey, Florida 34668

FL Zip Code

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.

SIGNATURE *Kristine M. Bigelow* DATE **3/9/02**

Signature typed or printed name of registered agent and title if applicable. (AGI): Registered Agent signature required when reappointing.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZAKIUDDIN AHMED PRESIDENT 2098 BRENT PL., PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zakuddin Ahmed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)