

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

05-21-2002 91191 049 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**663502**

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

**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**

Zip Country  
**34667 PASCO**

4. FEI Number  
**59-3725438**

Applied For  
 Not Applicable

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

**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 reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<b>ZAKIUDDIN AHMED PRESIDENT 2098 BRENT PL, PALM HARBOR, FL 34683</b>	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)