


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 018 \*\*\*150.00

**DOCUMENT # P01000059692**

1. Entity Name  
**ZAKIUDDIN AHMED, MD, P.A.**



Principal Place of Business      Mailing Address  
**7420 COMMUNITY COURT**      **7420 COMMUNITY COURT**  
**HUDSON FL 34667**      **HUDSON FL 34667**

2. Principal Place of Business      3. Mailing Address  
*Same as before*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3725438**      Not Applicable

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



MOORE      CR2E034 (4/04)

**6. Name and Address of Current Registered Agent**

**BIGELOW, KRISTEN M CPA**  
**6830 EMBASSY BLVD., STE B**  
**PORT RICHEY FL 34688**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

**10. OFFICERS AND DIRECTORS**

TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	<b>AHMED, ZAKIUDDIN</b>	<i>Wrong address</i>
STREET ADDRESS	<b>2098 BRENT PL.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34682</b>	
TITLE	<input checked="" type="checkbox"/> Delete	
NAME	<b>ZAKIUDDIN AHMED</b>	
STREET ADDRESS	<b>3855 Executive drive</b>	
CITY-ST-ZIP	<b>Palm Harbor FL 34685</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAKIUDDIN AHMED</b>	
STREET ADDRESS	<b>3855 Executive Dr.</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34685</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zakiuddin Ahmed*

Date: **7/29/04**

Attachment  
Dr. # PO 1000059692  
54066983

**Zakiuddin Ahmed M.D. P.A.**  
Diplomate American Board of Internal Medicine  
7420 Community Court  
Hudson, FL 34667

To Whom It May Concern:

Just a couple of days ago I talked to Mr. Sean Toner of your office.

I explained to him why dues of 2004 profit corporation annual report were not received.

My office manager did not mail checks to different places during his time of work. He is since gone from my office.

The check number with which your dues were paid was #1454 – which was never cashed. Subsequently that check was cancelled along with many other non-cashed checks.

Please accept my apology for this late payment. Mr. Toner agreed that I pay \$150.00

I am sending the counter portion of this check that was either not used or lost. The new check that I am writing belongs to the same bank account. This is for the purpose if you wanted to launch an inquiry.

I appreciate your understanding in this matter.

Sincerely,

*Zakiuddin Ahmed*  
Zakiuddin Ahmed 7/29/04