


Page 1052

2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAR -5 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P02000054992</u>	
1. Entity Name <u>Abdul S. Agha, MD, PA</u>	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6701 Sunset Dr.</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>Ste. 200A</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State	
Zip <u>33143</u>	Country <u>U.S.A.</u>	Zip	Country
4. FEI Number <u>59-1270943</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Abdul S. Agha, MD  
Street Address (P.O. Box Number is Not Acceptable)  
6701 Sunset Dr.  
STE 200A  
City Miami FL Zip Code 33143

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]

3-104

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Agha, Abdul S.</u> <u>6701 Sunset Dr., Ste. 200A</u> <u>Miami, FL 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>888829964398</u> <u>03/05/04--01068--014 **300.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: the Month: Year

305-661-2041

CR2E034B (12/02)

Page 2 of 2

**JOEL SANDERS & COMPANY, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

1535 NORTH PARK DRIVE  
SUITE 103  
WESTON, FLORIDA 33326

MEMBER: AMERICAN  
INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

TEL: (954) 385-9290  
FACSIMILE: (954) 385-9284  
EMAIL: [jscpa1@msn.com](mailto:jscpa1@msn.com)

MEMBER: FLORIDA  
INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

February 5, 2004

Division of Corporations  
Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

**Re: Abdul S. Agha, MD, PA**  
**Document #: P02000054992**

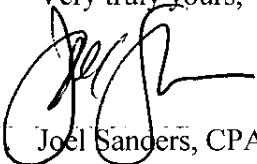
Gentlemen:

I am the accountant for the above referenced taxpayer. Enclosed please find a check, in the amount of \$300.00, for the 2003 and 2004 Uniform Business Report.

Be advised that the taxpayer never received the original notification. In addition, my office will be handling future filings of the annual Uniform Business Reports.

If there are any questions regarding this matter please feel free to contact me.

Very truly yours,



Joel Sanders, CPA