2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# P04000035244

Entity Name: HUMA ALI, M.D., P.A.

Current Principal Place of Business:

7833 RITTEN HOUSE LANE
JACKSONVILLE, FL 32256

New Principal Place of Business:

7401 W CYPRESS DRIVE
PARKLAND, FL 33067

Current Mailing Address:

C/O JUNAID CPA & ASSOCIATES CORP.
5050 N.W. 83RD LANE
CORAL SPRINGS, FL 33067

New Mailing Address:

7401 W CYPRESS DRIVE
PARKLAND, FL 33067

FEI Number: 20-0704610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, HUMA MD
7833 RITTEN HOUSE LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALI, HUMA MD
Address: 7833 RITTEN HOUSE LANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALI, HUMA MD
Address: 7401 W CYPRESS DRIVE
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMA ALI P 05/20/2009

Electronic Signature of Signing Officer or Director Date