2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # P04000057917 1. Entity Name ASIF H. CHOUDHURY, M.D., P.A.							04-17-2008 90044 041 ***150.00			
Principal Place of Business Mailing Address					• • • •	400				
13710 METROPOLIS AVENUE			13710 METROPOLIS AVE							
SUITE 110			SUITE 110							
FORT MYERS, FL 33912			FORT MYERS, FL 33912			i diminina in		11 2010 1 01111 10010 (0101 1101) 10	ATRAL EL TARA	
2. Principal Pl	ace of Business -	No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc. ;		Suite, Apt. #, etc.			04152008	Chg-P	CR2E034 (12/06)		
City & State	City & State City & Sta			State			4. FEI Number Applied For 20-0960319 Not Applicable			
Zip	Co	ountry 2000	Zip	Count		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and	Address of Current F	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and	Address of New R	legistered Agent	*	
OT- ALIA					Name					
DRASITES, THOMAS E 202 S. DEL PRADO BOULEVARD CAPE CORAL; EL:33990					Street Address (P.O. Box Number is Not Acceptable)					
					City		1 3 関係	FL: Zip Co	de ;	
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										
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5							.1160.01	a to this confly that the countries is the confly countries in the of ne appears in the of	antiger state of the second	
10.	F Marin	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
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12. Hereby	certify that the info	ormation supplied with	this filing does not qualify	for the ex	emptions conta	ained in Chapter 11	e, Florida Statutes.	i turther certify that the	intormation	

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained 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 signature shall have the same legal effect as it 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:

IGNATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4 15 08 (239)839 2475
Daylor Phone #