

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057917

FILED
Apr 02, 2009
Secretary of State

Entity Name: ASIF H. CHOUDHURY, M.D., P.A.

Current Principal Place of Business:

13710 METROPOLIS AVENUE
SUITE 110
FORT MYERS, FL 33912

New Principal Place of Business:

14131 METROPOLIS AVENUE
SUITE 101
FORT MYERS, FL 33912

Current Mailing Address:

13710 METROPOLIS AVE
SUITE 110
FORT MYERS, FL 33912

New Mailing Address:

14131 METROPOLIS AVE
SUITE 101
FORT MYERS, FL 33912

FEI Number: 20-0960319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRASITES, THOMAS E
202 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHOUDHURY, ASIF H
Address: 13710 METROPOLIS AVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: CHOUDHURY, ASIF H
Address: 14131 METROPOLIS AVE, SUITE 101
City-St-Zip: FORT MYERS, FL 33912

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: ASIF CHOUDHURY

DR

04/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date