2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000115505

1. Entity Name
ABU AZIZULLAH, M.D., P.A.

Principal Place of Business	Mailing Address
31807 PARKDALE DR. LEESBURG, FL 34748	P.O. BOX 491465 LEESBURG, FL 34749

DO NOT WRITE IN THIS SPACE

01132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5648886	Not Applicable

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

6. Name and Address of Current Registered Agent

AZIZULLAH, ABU
31807 PARKDALE DR.
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

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, 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000839391
03/06/08-80005-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AZIZULLAH, ABU
STREET ADDRESS	P.O. BOX 491465
CITY-ST-ZIP	LEESBURG, FL 34749

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _Abu Azizullah M.D._ ABU AZIZULLAH 2.20.08 352-391-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #