

P93000072198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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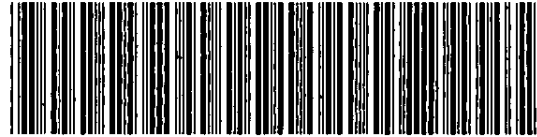
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

TO
P93000072198
09/12/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABUL FAZAL S.M. ALI, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P93000072198

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABUL FAZAL S.M. ALI, M.D.
(Name of Contact Person)

ABUL FAZAL S.M. ALI, M.D., P.A.
(Firm/Company)

516 A CHAPIN DRIVE
(Address)

CLINTON, MO. 64735
(City/State and Zip Code)

For further information concerning this matter, please call:

ABUL FAZAL S.M. ALI, M.D. at (863) 634-0672
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.


1. The name of the corporation: ABUL FAZAL S.M. ALI, M.D., PA
2. The principal office address: 225 NE 19TH DRIVE
OKEECHOBEE, FL 34972
3. The mailing address (if different): 516 A CHAPIN DRIVE
CLINTON, MO. 64735
4. Date of incorporation/qualification: SEPT. 1993 Document number: P93000072198
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ABUL FAZAL S.M. ALI, M.D.
225 NE 19TH DRIVE
OKEECHOBEE, FL 3497

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SYED RUDDUS ALI
5222 ROYAL CYPRESS CIRCLE
(P.O. Box NOT acceptable)
TAMPA, FL 33647

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

ABUL FAZAL S.M. ALI, M.D. PRESIDENT OF
(Printed or typed name and title) THE CORPORATION

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

S. Q. A.
(Signature of Registered Agent)

SEPT. 2, 2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)