

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90081 011 \*\*\*150.00

<b>DOCUMENT #</b> P93000072320	
<b>1. Entity Name</b>	
A.K.M.W. Islam, BDS., P.A	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1925 E Michigan Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1925 e Michigan Street Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando, FL	<b>City &amp; State</b> Orlando FL	<b>4. FEI Number</b> 59-3206609	<b>Applied For</b> Not Applicable
<b>Zip</b> 32806	<b>Country</b>	<b>Zip</b> 32806	<b>Country</b>

DO NOT WRITE IN THIS SPACE

40025016

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> ISLAM, A K BDS	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1616 BILLINGSHURST COURT	
	<b>City</b> ORLANDO	<b>Zip Code</b> 32825

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> ISLAM, A K BDS 1616 BILLINGSHURST COURT ORLANDO FL 32825	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

 (A.K.M.W. ISLAM)

2/21/07

407-896-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #