

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 024 ***150.00

DOCUMENT # P94000030437
1. Entity Name

Raza Ali, MD, PA

DO NOT WRITE IN THIS SPACE

54009927

2. Principal Place of Business
5308 S John Young Parkway

3. Mailing Address

(Suite) Apt. #, etc.
200

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State

4. FEI Number
59-3239928

Applied For
Not Applicable

Zip Country Zip Country
32829

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

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7. Name and Address of Current Registered Agent

Name
ALI, RAZA MD

Street Address (P.O. Box Number is Not Acceptable)
5308 S JOHN YOUNG PKWY

City
ORLANDO

FL

Zip Code
32839

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
ALI, RAZA MD
405 IRIS ST
CELEBRATION FL 34747

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAZA ALI

2/18/04 (407) 246-9766