| DOCUMENT # P97000069173  1. Crity Name SYED W. ALJ, M.D., P.A.    Principal Phase of Risaless   SANT AUGUSTINE FL 2008   | 2002 UNIFORM BUSINESS REPORT (UBR)   |                               |                              |  |                         |                   |                  |  | FILED        |                   |                                      |          |          |           |  |
|--|--|-------------------------------|------------------------------|--|-------------------------|-------------------|------------------|--|--------------|-------------------|--------------------------------------|----------|----------|-----------|--|
| 150 SOUTH PARK BLVD STE 202 SAINT AUGUSTINE FL 2008 Saline, Apr. M. etc.  Suite. Apr. M. etc.  City & State  City    | 1. Entity Nan  | ne                            |                              |  |                         |                   |                  |  |              |                   |                                      |          |          |           |  |
| Sulfo, Apt. #, etc.    Sulfo, Apt. #, etc.   DO NOT WRITE IN THIS SPACE  | 150 SOUTH PA   | ARK BLVD                      |                              | 150 SOUTH PARK BLVD<br>STE 202         |                         |                   |                  |  |              | II II AANN FIRM I | <b>a</b> ife aikka 1 <b>3</b> 134 ki |          |          |           |  |
| City & State    City & State   City    | 2. Principal P   | làce of Business              | -                            | 3. Mailing Address                     |                         |                   |                  |  |              |                   |                                      |          |          |           |  |
| Systation   Syst     | Suite, Apt. #, etc.  |                               |                              | Suite, Apt. #, etc.                    |                         |                   |                  | DO NOT WRITE IN THIS SPACE               |              |                   |                                      |          |          |           |  |
| S. Certificate of Status Desired   6. Name and Address of Current Registered Agent  ALI, SYED W 150 SOUTH PARK BLVD SIE 202 SAINT AUGUSTINE FL 32086  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the Siste of Florida  SIGNATURE  Symowr, beed or privation and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SYED, WALL SUBSTANCESS  CITY-ST-2P  TITLE NAME STRIET ADDRESS  CITY-ST-2P  CIT   | City & State   |                               |                              | City & State                           |                         |                   | 4. F             | 59-3463106                               |              |                   |                                      |          |          | 7         |  |
| ALI, SYED W 150 SOUTH PARK BLVD STE 202 SAINT AUGUSTINE FL 32086  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.  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE SYED, W ALI STREET ADDRESS OITY ST-2P  TILE NAME STREET AD   | Zip  | Cou                           | ntry                         | Zip                                    | Country                 | <i>f</i>          | <b>5.</b> C      | Certificate of                           | Status Des   | ired 🔀            |                                      | Addition | ·        | 1         |  |
| ALI, SYED W 150 SOUTH PARK BLVD STE 202 SAINT AUGUSTINE FL 32086  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.  SIGNATURE  Signature  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (NoTE Registered Agent synthus requirement and elects to do so.  (Sec atterie on back)  SYED, W ALI    |  | , 6. Name and A               | ddress of Current Re         | gistered Agent                         |                         |                   | 7. N             | ame and A                                | ddress of I  | New Register      |                                      |          |          | _         |  |
| STE 202 SAINT AUGUSTINE FL 32086  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City     | , and the state of |                               |                              |  |                         |                   |                  |  |              |                   |                                      |          |          |           |  |
| 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.  SIGNATURE    Signature, typed or printed name of registered agent and stree if applicable.   (MOTE, Registered Agent allocations)   DATE  | *** **   |                               |                              |  |                         |                   |                  |  | <u> </u>     |                   |                                      |          | ,        | 1         |  |
| SIGNATURE Signature, typied or printed name of registered agent and site if applicable. (INDTE, Registered Agent signature required when rendating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After May 1, 2002 Fee Will be \$550.00  After May 1, 2002 Fee Will be \$550.00  Trust Fund Contribution.  See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SYED, W ALI STREET ADDRESS OTY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS OTY-ST-ZIP  STREET ADDRESS OTY-ST-ZIP  TITLE STREET ADDRESS OTY-ST-ZIP  TITL | SAINT AUGUSTINE FL 32086   |                               |                              |  |                         | City              |                  |  |              |                   | FL Zip C                             | ode      |          | 1         |  |
| Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating)   DATE  | 8. The above   | named entity subm             | ts this statement for th     | ne purpose of changing its re          | egistered               | office or reg     | gistered age     | ent, or both,                            | in the State | of Florida.       |                                      |          |          | 1         |  |
| Tax filing requirement and elects to do so.  (See criteria on back)    After May 1, 2002 Fee will be \$550.00     Make Check Payable to Department of State  | SIGNATURE  | Signature, typed or printed   | name of registered agent and | title if applicable. (NOTE:            | Registered A            | Agent signature n | equired when rei | instating)                               |              | DA                | NTE .                                |          | _        |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  | Tax filing requirement and elects to do so.  |                               |                              | After May 1, 2002 Fee will be \$550.00 |                         |                   |                  | Trust Fund Contribution.   Added to Fees |              |                   |                                      |          |          |           |  |
| NAME SIREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | In .                          | OFFICERS AND DI              |  | -                       |                   | ADI              | DITIONS/CI                               | HANGES TO    | OFFICERS.         |                                      |          |          | ]_        |  |
| Delete   | NAME<br>STREET ADDRESS   | SYED, W ALI<br>301 HEALTH PRI |                              | ∟i Delete                              | NAME<br>STREET          |                   |                  |  |              |                   |                                      | le 🗀     | Addition | 0/0/ 10/0 |  |
| NAME   | NAMEA STREET ADDRESS   | OT ADODOTIVE                  | <u> </u>                     | ☐ Delete                               | TITLE<br>NAME<br>STREET | ADDRESS           | AVGO             | 3(100                                    | <u> </u>     |                   |                                      | je 🗆     | Addition | - 60      |  |
| NAME   | NAME<br>STREET ADDRESS   |                               |                              | ☐ Delete                               | NAME<br>STREET          |                   |                  |  |              |                   | ☐ Chang                              | ,e 🗆     | Addition |           |  |
| TITLE  | NAME<br>STREET ADDRESS   |                               |                              | ☐ Delete                               | NAME<br>STREET          |                   |                  |  |              |                   | Chang                                | je 🗆     | Addition |           |  |
| , , , , ,  | TITLE<br>NAME<br>STREET ADDRESS,   | 1 , 35J%.                     |                              |  | TITLE<br>NAME<br>STREET | ADDRESS           |                  | i A Baile<br>Palifian                    |              |                   | ☐ Chang                              | e 🗆      | Addition |           |  |
|  |  | J 1 \$6 AG                    |                              | of Control of Delete (St.)             | -                       | T-ZIP             |                  |  |              |                   | ☐ Chanc                              | ie 🗆     | Addition | -         |  |

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

13. I hereby 'certify, that the Information supplied with this filling 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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Day The Dot Provide Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and that my name appears in Block 11 or Block 12 if the province of Station of Florida Statutes and the province of Station of Florida Statutes and Indicate of Station of Florida Statutes and Indicate of Station of Florida Statutes and Indicate of Station of Florida S