

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069173

1. Entity Name  
SYED W. ALI, M.D., P.A.

Principal Place of Business Mailing Address  
150 SOUTH PARK BLVD 150 SOUTH PARK BLVD  
STE 202 STE 202  
SAINT AUGUSTINE FL 32086 SAINT AUGUSTINE FL 32086

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3463106

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALI, SYED W  
150 SOUTH PARK BLVD  
STE 202  
SAINT AUGUSTINE FL 32086

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
SYED, W ALI  
STREET ADDRESS 301 HEALTH PRK BLVD #G221  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE NAME ☐ Change ☐ Addition  
150 SOUTH PARK BLVD SUITE 202  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 94-834-5386  
Date Daytime Phone #

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90012 031 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)