

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069173

FILED  
Jul 01, 2004  
Secretary of State

**Entity Name:** SYED WASIM ALI, M.D., P.A. INFECTIOUS DISEASE ASSOCIATES

**Current Principal Place of Business:**

236 SOUTHPARK CIR.  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

236 SOUTHPARK CIR.  
STE 202  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

236 SOUTHPARK CIR.  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 59-3463106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ALI, SYED W  
236 SOUTHPARK CIRCLE EAST  
SAINT AUGUSTINE, FL 32086

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:** SYED W. ALI M.D.

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SYED, W ALI  
Address: 150 SOUTH PARK BLVD SUITE 202  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALI, SYED W  
Address: 236 SOUTHPARK CIRCLE EAST  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SYED W. ALI

PRES

07/01/2004

Electronic Signature of Signing Officer or Director

Date