

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000037707**

1. Entity Name  
**FLORIDA COASTAL CARDIOLOGY, P.A.**



Principal Place of Business  
**74 16TH STREET  
APALACHICOLA, FL 32320 US**

Mailing Address  
**74 16TH STREET  
APALACHICOLA, FL 32320 US**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3507399**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANAULLAH, SHEZADO DR  
74 16TH STREET  
APALACHICOLA, FL 32320**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	<b>SANAULLAH, SHEZAD</b>
STREET ADDRESS	<b>74 16TH STREET</b>
CITY-ST-ZIP	<b>APALACHICOLA, FL 32320</b>

TITLE	
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IN THIS SPACE**

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04/20/05-80086-018 150.00

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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

**SIGNATURE:** \_\_\_\_\_ **4-18-05 (850) 653-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #