


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S34324 (1) 1. Corporation Name MOHAMMAD ZAFRULLAH M.D., P.A.					
Principal Place of Business 9235 YELLOW LAKE DRIVE NEW PORT RICHEY FL 34854			Mailing Address 9235 YELLOW LAKE DRIVE NEW PORT RICHEY FL 34854		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991	
21		26		4. FEI Number 59-3069069	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent ZAFRULLAH, MOHAMMAD, MD PA 9235 YELLOW LAKE DRIVE NEW PORT RICHEY FL 34854				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	1.1 TITLE <input type="checkbox"/> DELETE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY - ST - ZIP	1.4 CITY - ST - ZIP				
TITLE	2.1 TITLE <input type="checkbox"/> DELETE				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY - ST - ZIP	2.4 CITY - ST - ZIP				
TITLE	3.1 TITLE <input type="checkbox"/> DELETE				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY - ST - ZIP	3.4 CITY - ST - ZIP				
TITLE	4.1 TITLE <input type="checkbox"/> DELETE				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY - ST - ZIP	4.4 CITY - ST - ZIP				
TITLE	5.1 TITLE <input type="checkbox"/> DELETE				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY - ST - ZIP	5.4 CITY - ST - ZIP				
TITLE	6.1 TITLE <input type="checkbox"/> DELETE				
NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDRESS				
CITY - ST - ZIP	6.4 CITY - ST - ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Zafullah</u> 4-8-98					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)