**FILED**
**May 03, 2007 8:00 am**
**Secretary of State**
04-17-2007 90247 024 ***150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V19532

1. Entity Name
AMIR A. MALIK, M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 204 SOUTH PARK CIRCLE E.<br>ST. AUGUSTINE, FL 32086 US | 204 SOUTH PARK CIRCLE E.<br>ST. AUGUSTINE, FL 32086 US |

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3110458
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALIK, AMIR A. M.D.
204,SOUTH PARK CIRCLE E.
ST. AUGUSTINE, FL 32086

**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 Amir Malik AMIR MALIK PD 4-30-07 4-k-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MALIK, AMIR A. M.D. |
| STREET ADDRESS | 204 SOUTH PARK CIRCLE E |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32086 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

**SIGNATURE:** Amir Malik AMIR MALIK PD 4-30-07 904-829-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #