

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000057917

**Entity Name:** ASIF H. CHOUDHURY, M.D., P.A.

**Current Principal Place of Business:**

14131 METROPOLIS AVENUE  
SUITE 101  
FORT MYERS, FL 33912

**Current Mailing Address:**

14131 METROPOLIS AVENUE  
SUITE 101  
FORT MYERS, FL 33912

**FEI Number:** 20-0960319

**Certificate of Status Desired:** No

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

DRASITES, THOMAS E  
202 S. DEL PRADO BOULEVARD  
CAPE CORAL, FL 33990 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DR  
Name CHOUDHURY, ASIF HMD  
Address 14131 METROPOLIS AVE, SUITE 101  
City-State-Zip: FORT MYERS FL 33912

*I hereby 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 all other like empowered.*

**SIGNATURE:** ASIF CHOUDHURY

PHYSICIAN/OWNER

04/30/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date