FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **603902** **(8)**

1. Corporation Name
JOSEPH S. HASBANI, M.D., P.A.

Principal Place of Business
3599 UNIVERSITY BLVD SOUTH
SUITE 202
JACKSONVILLE FL 32216

Mailing Address
3599 UNIVERSITY BLVD SOUTH
SUITE 202
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **11/13/1972**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1422752** [ ] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
HASBANI, JOSEPH S
3599 UNIVERSITY BLVD SOUTH
SUITE 202
JAX. FL 32216

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned hereby submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is currently qualified to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HASBANI, JOSEPH S	
STREET ADDRESS	3599 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JAX. FL	
TITLE	D	[ ] DELETE
NAME	HASBANI, HARRIETT F	
STREET ADDRESS	3599 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JAX. FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Add
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
2. TITLE	[ ] Change	[ ] Add
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	[ ] Change	[ ] Add
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	[ ] Change	[ ] Add
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	[ ] Change	[ ] Add
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	[ ] Change	[ ] Add
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I declare that I have read the foregoing document and that the facts stated in it are true. 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 other person authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Section 12 or 13 above, or on an attached sheet.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 399-5616 (904)

CR2E034 (12/95)