FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 32216-4245

3. Date Incorporated or Qualified: **11/13/1972**
3a. Date of Last Report: **04/22/1996**

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

2a. Mailing Address
26 5102 Santa Cruz Lane
Suite, Apt. #, etc.
27 Jacksonville
City & State
28 Fl. 32210
Zip / Country
29 32210 / 30 Duval

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

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 Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME: HASBANI, JOSEPH S		1.2 NAME	
STREET ADDRESS: 3599 UNIVERSITY BLVD. S.		1.3 STREET ADDRESS	5102 Santa Cruz Lane
CITY-ST-ZIP: JAX. FL		1.4 CITY-ST-ZIP	Jacksonville, Fl. 32210
TITLE: D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME: HASBANI, HARRIETT F		2.2 NAME	
STREET ADDRESS: 3599 UNIVERSITY BLVD. S.		2.3 STREET ADDRESS	5102 Santa Cruz Lane
CITY-ST-ZIP: JAX. FL		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32210
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added to the report with an address.

SIGNATURE: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96
DATE

(904) 396-3806
DAYTIME PHONE