

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000013491

**FILED  
Jan 13, 2004  
Secretary of State**

**Entity Name:** HUSSEIN ZABAD, M.D., P.A.

**Current Principal Place of Business:**

800 ZEAGLER DRIVE  
SUITE 200  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

800 ZEAGLER DRIVE  
SUITE 200  
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number:** 59-3605170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZABAD, HUSSEIN  
800 ZEAGLER DRIVE  
SUITE 200  
PALATKA, FL 32177

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZABAD, HUSSEIN  
Address: 119 HIAWATHA COURT  
City-St-Zip: E PALATKA, FL 32131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HUSSEIN ZABAD

P

01/13/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date