

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013491

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 ZEAGLER DRIVE  
SUITE 430  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

800 ZEAGLER DRIVE  
SUITE 430  
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 430  
PALATKA, FL 32177 US

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

ZABAD, HUSSEIN A MD  
800 ZEAGLER DRIVE  
SUITE 430  
PALATKA, FL 32177 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: HUSSEIN ZABAD, MD      03/18/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZABAD, HUSSEIN  
Address: 101 COW CREEK COURT  
City-St-Zip: E PALATKA, FL 32131

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: HUSSEIN ZABAD      MD      03/18/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date