2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P03000146537

Entity Name: EBRAHIM HOOSIEN, M.D., P.A.

Current Principal Place of Business:

13005 SOUTHERN BLVD
SUITE 232, PALMS WEST MEDICAL MALL 2
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 SOUTHERN BLVD
SUITE 232, PALMS WEST MEDICAL MALL 2
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 32-0092662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, STUART B ESQ
1551 FORUM PLACE, STE 400-B
WEST PALM BEACH, FL 33401 US

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: D ( ) Delete
Name: HOOSIEN, EBRAHIM MD
Address: 13005 SOUTHERN BLVD, SUITE 232
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: HOOSIEN, EBRAHIM MD
Address: 13005 SOUTHERN BLVD, SUITE 232
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EBRAHIM HOOSIEN MD 04/21/2009

Electronic Signature of Signing Officer or Director — Date