

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000146537

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

**Current Principal Place of Business:**

13005 SOUTHERN BLVD  
SUITE 211, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13005 SOUTHERN BLVD  
SUITE 211, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE, FL 33470

**FEI Number:** 32-0092662

**Certificate of Status Desired:** No

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

KLEIN, STUART BESQ  
1551 FORUM PLACE, STE 400-B  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name HOOSIEN, EBRAHIM MD  
Address 13005 SOUTHERN BLVD, SUITE 211  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** EBRAHIM HOOSIEN

MD

01/19/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date