

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000013491

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

**Current Principal Place of Business:**

800 ZEAGLER DRIVE  
SUITE 430  
PALATKA, FL 32177

**Current Mailing Address:**

800 ZEAGLER DRIVE  
SUITE 430  
PALATKA, FL 32177

**FEI Number:** 59-3605170

**Certificate of Status Desired:** No

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

ZABAD, HUSSEIN AMD  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ZABAD, HUSSEIN  
Address 101 COW CREEK COURT  
City-State-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

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date