


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 574410</b> 1. Entity Name HOSAIN DAE, M.D., P.A.	
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Principal Place of Business 4555 NW 8TH ST #104 HOMESTEAD, FL 33030	Mailing Address 4555 NW 8TH ST #104 HOMESTEAD, FL 33030
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1824943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DAEE, HOSAIN M.D. 9401 S.W. 140 ST. MIAMI, FL 33176
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAE, HASAIN M.D. 9402 S.W. 140 ST. MIAMI, FL 33176
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100000540682  
05/10/06-80026-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hosain Dae M.D. 4-26-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 305-246-2768  
Daytime Phone #