


FILED
Mar 21, 2003 8:00 am
Secretary of State

0160897 AV

DOCUMENT #		587857			
1. Entity Name A. BARRY HASSAN, M.D., P.A.					
Principal Place of Business 3816 HOLLYWOOD BLVD. HOLLYWOOD FL 33021			Mailing Address 3816 HOLLYWOOD BLVD. HOLLYWOOD FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
A. BARRY, HASSAN MD 5440 SW 39TH WAY FORT LAUDERDALE FL 33312					Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete				TITLE
NAME	HASSAN, A. BARRY				NAME
STREET ADDRESS	3816 HOLLYWOOD BLVD - STE 203				STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
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STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP

[illegible]☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	59-1853738	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A. BARRY, HASSAN MD 5440 SW 39TH WAY FORT LAUDERDALE FL 33312		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<div> <div>FL</div> <div>Zip Code</div> </div>

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 _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASSAN, A. BARRY 3816 HOLLYWOOD BLVD - STE 203 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 3/18/03 954-981-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)