

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97-1999
DOCUMENT # F59817

1. Corporation Name

HUSAM E. SHUAYB, M.D., P.A.

Principal Place of Business
HUSAM SHUAYB M.D., P.A.
11573 Cortez Blvd., #306
Brooksville, FL 34613
(352) 596-6264

Mailing Address
HUSAM SHUAYB M.D., P.A.
11573 Cortez Blvd., #306
Brooksville, FL 34613
(352) 596-6264

W99-9360

FILED

99 MAY 11 AM 10:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: Qualified

4. FEI Number 59-2141636 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Ad. Initial
Fee Requested

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Ad. Fed. In Fees

8. This corporation owns the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

CAUTHEN, WILLIAM H.
131 W. MAIN STREET
TAVARES, FL 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Husam Shuayb*

(NOTE: Each officer or director must sign and print name.)

(DATE)

12 OFFICERS AND DIRECTORS

11 TITLE P
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 HUSAM SHUAYB M.D., P.A.
16 11573 Cortez Blvd.
17 Brooksville, FL 34613
18 (352) 596-6264

19 HUSAM SHUAYB M.D., P.A.
20 11573 Cortez Blvd.
21 Brooksville, FL 34613
22 (352) 596-6264

23 [] DELETE
24 TITLE
25 NAME
26 STREET ADDRESS
27 CITY-STATE-ZIP

28 [] DELETE
29 TITLE
30 NAME
31 STREET ADDRESS
32 CITY-STATE-ZIP

33 [] DELETE
34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY-STATE-ZIP

38 [] DELETE
39 TITLE
40 NAME
41 STREET ADDRESS
42 CITY-STATE-ZIP

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Add

12 NAME [] Change [] Add

13 STREET ADDRESS [] Change [] Add

14 CITY-STATE-ZIP [] Change [] Add

15 HUSAM SHUAYB M.D., P.A. [] Change [] Add

16 11573 Cortez Blvd. [] Change [] Add

17 Brooksville, FL 34613 [] Change [] Add

18 (352) 596-6264 [] Change [] Add

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23 [] Change [] Add

24 TITLE [] Change [] Add

25 NAME [] Change [] Add

26 STREET ADDRESS [] Change [] Add

27 CITY-STATE-ZIP [] Change [] Add

28 [] Change [] Add

29 TITLE [] Change [] Add

30 NAME [] Change [] Add

31 STREET ADDRESS [] Change [] Add

32 CITY-STATE-ZIP [] Change [] Add

33 [] Change [] Add

34 TITLE [] Change [] Add

35 NAME [] Change [] Add

36 STREET ADDRESS [] Change [] Add

37 CITY-STATE-ZIP [] Change [] Add

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-1999 352-596-6264

CR2E034 (**/98)

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Raymond P. Virgilio
Certified Public Accountant, P.A.

7379 Commercial Way, Weeki Wachee, FL 34613 • 352-596-1985 • FAX 352-596-1070

Tuesday, April 27, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

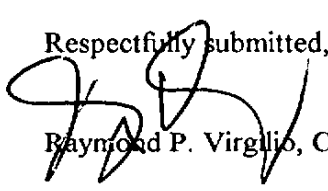
Reference: F59817 Husam E. Shuayb, M.D., P.A.

In accordance with my telephone conversation with the department, please find enclosed the above referenced corporation's application for reinstatement and a check in the amount of \$465.00.

As I explained to the department representative today, this corporation did not file its 1997 or 1998 annual report because it was not received by Dr. Shuayb. At the time the accounts were being kept by another accountant in St. Petersburg, Florida who became very ill and transferred all the files to another accountant. Somewhere in the transition the annual report for 1997 must have been misplaced. The 1998 report was never received and in the confusion of transferring files to my office, (I am the 3rd accountant since 1997) it was overlooked.

Accordingly, we respectfully request the department to consider wavier of the related penalties and accept this corporations application for reinstatement.

Respectfully submitted,


Raymond P. Virgilio, CPA, P.A.