

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90002 014 \*\*\*150.00

**DOCUMENT # F88722**

1. Entity Name  
TASKIN W. HAQUE, M.D, P.A.



Principal Place of Business  
~~1400 S MAIN ST, STE 1~~ 1100 N MAIN ST.  
BELLE GLADE, FL 33430 US SUITE A

Mailing Address 1100 N MAIN ST.  
~~1400 S MAIN ST, STE 1~~ SUITE A  
BELLE GLADE, FL 33430 US

40123081



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2222242

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAQUE, TASKIN U., M.D.  
~~1400 S MAIN ST, STE 1~~ 1100 N MAIN STREET,  
BELLE GLADE, FL 33430 SUITE A

**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

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAQUE, TASKIN U, MD <del>1400 S MAIN ST, STE 1</del> 1100 N MAIN ST. SUITE A BELLE GLADE, FL
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**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:**

*Taskin U. Haque MD PA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-07

Date

561 996 8507

Daytime Phone #