

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G73165**

**(4)**

1. Corporation Name

**ISLAMIC HEALTH CORPORATION**

**FILED**

**Jul 02, 1996 08:00 AM**

**Secretary of State**



Principal Place of Business

Mailing Address

**% MUHAMMAD I. ZAFAR  
995 HWY. 77  
CHIPLEY FL 32428**

**% MUHAMMAD I. ZAFAR  
995 HWY. 77  
CHIPLEY FL 32428**

3. Date Incorporated or Qualified  
**12/05/1983**

3a. Date of Last Report  
**05/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. Box 608**

4. FEI Number  
**59-2363926**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**P.O. Box 608**

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

City & State

City & State

23

28

**C. HIPLEY FL.**

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

Zip

Country

Zip

Country

24

25

29

**32428**

30

**U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAFAR, MUHAMMAD I.  
995 HWY. 77  
CHIPLEY FL 32428**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed (name of registered agent and the applicable

(If Officer Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZAFAR, MUHAMMAD I.	
STREET ADDRESS	995 HWY. 77 S.	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAFAR, SURBIYA-TANVIR	
STREET ADDRESS	995 HWY. 77 S.	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAFAR, SHADAB	
STREET ADDRESS	995 HWY. 77	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AKHTER, SHER M., DR.	
STREET ADDRESS	5 ISLAMDURA GUI RANNALA	
CITY-ST-ZIP	PAKISTAN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Muhammad Zafar 6-26-96 9.46387623**

**President**

Date

Daytime Phone

CR2E034 (3/96)