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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G73165** (4)

1. Corporation Name  
**ISLAMIC HEALTH CORPORATION**

Principal Place of Business

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

Mailing Address

% MUHAMMAD I. ZAFAR  
PO BOX 608  
CHIPLEY FL 32428-0608  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1243 Main ST Suite 2	26 Suite, Apt. #, etc.	12/05/1983	07/02/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Chipley	28 City & State	59-2363926	Not Applicable
24 FL	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Muhammad I. ZAFAR DATE 3-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ZAFAR, MUHAMMAD I.	1.2 NAME	
STREET ADDRESS	995 HWY. 77 S.	1.3 STREET ADDRESS	1243 Main ST Suite 2
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ZAFAR, SHADAB	2.2 NAME	
STREET ADDRESS	995 HWY. 77	2.3 STREET ADDRESS	1243 Main ST Suite 2
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	AKHTER, SHER M., DR.	3.2 NAME	
STREET ADDRESS	5 ISLAMDURA GUI RANNALA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAKISTAN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: [Signature] DATE: 3-26-97

CR2E034 (9/96)