FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H22867 (6)

1. Corporation Name

HUSAIN CLINIC, P.A.

Principal Place of Business	Mailing Address
1300 NORTH PARROTT AVENUE OKEECHOBEE FL 34972	1300 NORTH PARROTT AVENUE OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2462443	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HUSAIN, MUZAFFAR
1300 NORTH PARROTT AVENUE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

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 Section 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	SD	11 TITLE	☐ Change ☐ Addition
32 NAME	HUSAIN, MUZAFFAR	12 NAME	
33 STREET ADDRESS	1300 NORTH PARROTT AVE	13 STREET ADDRESS	
34 CITY, ST, ZIP	OKEECHOBEE FL	14 CITY, ST, ZIP	
35 TITLE	PD	21 TITLE	☐ Change ☐ Addition
36 NAME	HUSAIN, SURAIYA	22 NAME	
37 STREET ADDRESS	1300 NORTH PARROTT AVE	23 STREET ADDRESS	
38 CITY, ST, ZIP	OKEECHOBEE FL	24 CITY, ST, ZIP	
39 TITLE		31 TITLE	☐ Change ☐ Addition
40 NAME		32 NAME	
41 STREET ADDRESS		33 STREET ADDRESS	
42 CITY, ST, ZIP		34 CITY, ST, ZIP	
43 TITLE		41 TITLE	☐ Change ☐ Addition
44 NAME		42 NAME	
45 STREET ADDRESS		43 STREET ADDRESS	
46 CITY, ST, ZIP		44 CITY, ST, ZIP	
47 TITLE		51 TITLE	☐ Change ☐ Addition
48 NAME		52 NAME	
49 STREET ADDRESS		53 STREET ADDRESS	
50 CITY, ST, ZIP		54 CITY, ST, ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: S. Husain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 DATE

813 763 8000 DAYTIME PHONE NUMBER

0383140 CP