FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/26/1984**
3a. Date of Last Report: **05/01/1995**

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 s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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: Suraiya Husain
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N Parrott Ave.
83
84 City: Okeechobee FL 85 Zip Code: 34972

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Suraiya Husain DATE: 4/9/96

OFFICERS AND DIRECTORS

12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUSAIN, MUZAFFAR 1300 NORTH PARROTT AVE OKEECHOBEE FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSAIN, SURAIYA 1300 NORTH PARROTT AVE OKEECHOBEE FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	SPD Husain, Suraiya 1300 North Parrott Ave. Okeechobee, FL	☐ Change ☒ Addition
3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(a), 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 12 or Block 13 if changed or added in connection with an address.

SIGNATURE: Suraiya Husain 4/9/96 . 941-763 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)