

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # H22867 1. Entry Name HUSAIN CLINIC, P.A.	
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Principal Place of Business 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972	Mailing Address 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2462443	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SURAIYA HUSAIN 1300 N PARROTT AVE OKEECHOBEE, FL 34972

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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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000247407 03/01/05-80020-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUSAIN, SURAIYA 1300 NORTH PARROTT AVE OKEECHOBEE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD HUSAIN, SURAIYA 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I 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 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: S. Husain 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #