## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 01, 2005 08:00 A ate

1. Entity Nan HUSAIN Principal Place 1300 NORTI	CLINIC, P.A.	Mailing Address 1300 NORTH PARROTT AVENU OKEECHOBEE, FL 34972	JE JE			Secreta	ary of St
DO NOT WRITE IN THIS SPACE				01132005 4. FEI Number 59-2462	No Chg-P	CR2E034 (10)	Applied For Not Applicable Additional
	6. Name and Address of Current Reg HUSAIN ARROTT AVE DBEE, FL 34972	DO NOT WRITE IN THIS SPACE					
the obligated SIGNATURE.	e named entity submits this statement for the tions of registered agent.  Signature typed or printed name of registered agent and the name of the statement of the name of the		d Agent signature required		1,100,000	DATE	
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI PD HUSAIN, SURAIYA 1300 NORTH PARROTT AVE OKEECHOBEE FL, SPD HUSAIN, SURAIYA 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL	ECTORS					100,00
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TITLE NAME STREE! ADDRESS CITY-S1-ZIP TITLE NAME STREE! ADDRESS CITY-S7-ZIP							
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:  SIGNATURE:  Date  Daytime Frome #							