

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90177 009 ***150.00

DOCUMENT # H22867 1. Entity Name HUSAIN CLINIC, P.A.					
Principal Place of Business 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972			Mailing Address 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL 34972		
2. Principal Place of Business 12138 Diedra Court Suite, Apt. #, etc. Orlando, FL City & State		3. Mailing Address 12138 Diedra Court Suite, Apt. #, etc. Orlando, FL City & State			
Zip 32825		Country		4. FEI Number 59-2462443	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SURAIYA HUSAIN 1300 N PARROTT AVE OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSAIN, SURAIYA 1300 NORTH PARROTT AVE OKEECHOBEE FL, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12138 Diedra Court Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD HUSAIN, SURAIYA 1300 NORTH PARROTT AVENUE OKEECHOBEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12138 Diedra Court Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Suraiya Husain</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/22/06 407-281-8733 <small>Date Daytime Phone #</small>		