

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90181 029 ***150.00

DOCUMENT # H22867

1. Entity Name
HUSAIN CLINIC, P.A.



Principal Place of Business
12138 DIEDRA COURT
ORLANDO, FL 32825

Mailing Address
12138 DIEDRA COURT
ORLANDO, FL 32825

40067758



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2462443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SURAIYA HUSAIN~~ MUZAFFAR HUSAIN
1200 N PARROTT AVE 12138 DIEDRA CT.
ORLANDO, FL 32825
ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUSAIN, SURAIYA
STREET ADDRESS 12138 DIEDRA COURT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE SPD
NAME HUSAIN, SURAIYA
STREET ADDRESS 12138 DIEDRA COURT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 9, 2007