

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077812

FILED  
Jul 04, 2006  
Secretary of State

Entity Name: H & M MEDICAL HEALTH PARTNERS, P.A.

## Current Principal Place of Business:

1690 DUNLAWTON AVE #210  
PORT ORANGE, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

2119 SPRINGWATER LANE  
PORT ORANGE, FL 32128

## New Mailing Address:

1849 S PALMETTO AVE  
SOUTH DAYTONA, FL 32119

FEI Number: 59-3665893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZULFIQUAR, HASSAN MD  
1690 DUNLAWTON AVE  
SUITE #210  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZULFIQUAR, HASSAN MD  
Address: 2119 SPRINGWATER LANE  
City-St-Zip: PORT ORANGE, FL 32128

Title: STD ( ) Delete  
Name: ZULFIQUAR, MICHELLY H  
Address: 2119 SPRINGWATER LANE  
City-St-Zip: PORT ORANGE, FL 32128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ZULFIQUAR, HASSAN MD  
Address: 1849 S PALMETTO AVE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD (X) Change ( ) Addition  
Name: ZULFIQUAR, MICHELLY H  
Address: 1849 S PALMETTO AVE  
City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASSAN ZULFIQUAR

PD

07/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date