2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# P00000077812

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:

1690 DUNLAWTON AVE #210
210
PORT ORANGE, FL 32127

Current Mailing Address:

1849 S PALMETTO AVE
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 59-3665893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: HASSAN ZULFIQAR MD, AGAF 04/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZULFIQAR, HASSAN MD
Address: 1849 S PALMETTO AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD ( ) Delete
Name: ZULFIQAR, MICHELLY H
Address: 1849 S PALMETTO AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 ZULFIQAR MD, AGAF PD 04/12/2009
Electronic Signature of Signing Officer or Director Date