

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077812

FILED
Apr 17, 2011
Secretary of State

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

Current Principal Place of Business:

1690 DUNLAWTON AVE #210
210
PORT ORANGE, FL 32127

New Principal Place of Business:

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,AGAF
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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: HASSAN ZULFIGAR

PD

04/17/2011

Electronic Signature of Signing Officer or Director

Date