

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035670

Entity Name: HASSANEIN CLINIC, INC.

FILED
Apr 10, 2011
Secretary of State

Current Principal Place of Business:

437- 439 NORTHWEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

437 - 439 NORTHWEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 90-0040953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSANEIN, HOSSAM
475 ORIOLE POINT
JUPITER, FL 33458 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: P
Name: HASSANEIN, HOSSAM
Address: 475 ORIOLE POINT
City-St-Zip: JUPITER, FL 33458

Title: OM
Name: RASLAN, ANGIE
Address: 475 ORIOLE POINT
City-St-Zip: JUPITER, FL 33458

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: HOSSAM HASSANEIN

P

04/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date