

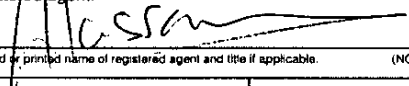



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90023 033 ***150.00

DOCUMENT # P03000137696 1. Entity Name HAMLET R HASSAN M.D., P.A.																					
Principal Place of Business 7154 N UNIVERSITY DR # 323 TAMARAC, FL 33321			Mailing Address 7154 N UNIVERSITY DR # 323 TAMARAC, FL 33321																		
2. Principal Place of Business 6405 N Federal Hwy Suite, Apt. #, etc. 103		3. Mailing Address 6405 N. Federal Hwy Suite, Apt. #, etc. 103																			
City & State Fort Lauderdale FL		City & State Ft. Lauderdale		4. FEI Number 20-0404460																	
Zip 33308		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent HASSAN, HAMLET R 7154 N UNIVERSITY DR # 323 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name HASSAN HAMLET R. Street Address (P.O. Box Number is Not Acceptable) 6405 N. Federal Hwy Suite 103 Ft. Lauderdale FL Zip Code 33308																	
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:  (NOTE: Registered Agent signature required when reinstating) 3/29/05 DATE																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D HASSAN, HAMLET R <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7154 N UNIVERSITY DR # 323</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMARAC, FL 33321</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	D HASSAN, HAMLET R <input type="checkbox"/> Delete	NAME	7154 N UNIVERSITY DR # 323	STREET ADDRESS	TAMARAC, FL 33321	CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 6405 N. Federal Hwy Suite 103</td> </tr> <tr> <td>NAME</td> <td>Ft. Lauderdale, FL 33308</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 6405 N. Federal Hwy Suite 103	NAME	Ft. Lauderdale, FL 33308	STREET ADDRESS		CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				3/29/05 305-766-9660 Date Daytime Phone #																	