

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000146537

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** EBRAHIM HOOSIEN, M.D., P.A.

**Current Principal Place of Business:**

13005 SOUTHERN BLVD  
SUITE 232, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SOUTHERN BLVD  
SUITE 232, PALMS WEST MEDICAL MALL 2  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 32-0092662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEIN, STUART B ESQ  
1551 FORUM PLACE, STE 400-B  
WEST PALM BEACH, FL 33401 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: HOOSIEN, EBRAHIM MD  
Address: 13005 SOUTHERN BLVD, SUITE 232  
City-St-Zip: LOXAHATCHEE, FL 33470

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:** EBRAHIM HOOSIEN

DR

01/29/2010

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

\_\_\_\_\_  
Date