

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 048 ***150.00

DOCUMENT # P04000096117

1. Entity Name
SHAKIRA HUSAIN, M.D., P.A.



Principal Place of Business
**300 HEALTH PARK BLVD., SUITE 100
ST. AUGUSTINE, FL 32086**

Mailing Address
**300 HEALTH PARK BLVD., SUITE 100
ST. AUGUSTINE, FL 32086**

50018327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

04192006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-1395763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PULIGNANO, NICHOLAS V JR.
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32207**

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing,
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DPS
HUSAIN, SHAKIRA
300 HEALTH PARK BLVD., SUITE 100
ST. AUGUSTINE, FL 32086**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shakira Husain

Date

904-824-8666

Daytime Phone #