

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 045 ***150.00

DOCUMENT # P04000096117

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



Principal Place of Business
**300 HEALTH PARK BLVD., SUITE 1000
ST. AUGUSTINE, FL 32086**

Mailing Address
**300 HEALTH PARK BLVD., SUITE 1000
ST. AUGUSTINE, FL 32086**

40097230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

4000

Suite, Apt. #, etc.

4000

02282008

Chg-P

CR2E034 (12/06)

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
HUSAIN, SHAKIRA
300 HEALTH PARK BLVD SUITE 1000
ST. AUGUSTINE, FL 32086** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition
300 Health Park Blvd, Suite 4000

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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

Daytime Phone #

4/16/08 904-824-8666