

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159702

Entity Name: HOSPITAL SUBWAY 13599, INC.

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

901 NW 17TH STREET
#F
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1051 NW 14TH STREET
#130
MIAMI, FL 33136

New Mailing Address:

FEI Number: 42-1651883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARA, FRANKEL
1051 NW 14TH STREET
#130
MIAMI, FL 33136 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: D () Delete
Name: FRANKEL, HARA
Address: 901 NW 17TH STREET #F
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: FRANKEL, STUART
Address: 901 NW 17TH STREET #F
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: KARIM, MOHAMMED H
Address: 8010 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: MYSOREWALA, IDRIS
Address: 8010 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: MAJID, AFZAL
Address: 8010 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: MOTEN, ANWAR
Address: 8010 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARA FRANKEL

D

01/20/2006

Electronic Signature of Signing Officer or Director

Date