

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159702

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: HOSPITAL SUBWAY 13599, INC.

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FRANKEL, HARA  
Address: 901 NW 17TH STREET #F  
City-St-Zip: MIAMI, FL 33136

Title: SEC (X) Change ( ) Addition  
Name: FRANKEL, STUART  
Address: 901 NW 17TH STREET #F  
City-St-Zip: MIAMI, FL 33136

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

PRES

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date