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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:27

DOCUMENT # **P93000080794 (9)**

1. Entity Name

JOSEPH C.A. HADEED, M.D., P.A.

Principal Place of Business	Mailing Address
~~10160 WEST SAMPLE RD.~~ ~~CORAL SPRINGS FL 33065~~	~~10160 WEST SAMPLE RD.~~ ~~CORAL SPRINGS FL 33065~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/22/1993**

3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business	2a. Mailing Address
21 2929 University Dr	26 2929 University DR
Suite Apt. # etc. 22 # 110	Suite Apt. # etc. 27 # 110
City & State 23 Coral Springs Fla	City & State 28 Coral Springs FA
Zip 24 33065 Country 25	Zip 29 33065 Country 30

4. FEI Number: **65-0449297** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HADEED, JOSEPH C. A MD **~~10160 WEST SAMPLE RD.~~** **~~CORAL SPRINGS FL 33065~~**	81 Name: HADEED Joseph C.A. MD 82 Street Address (P.O. Box Number is Not Acceptable): 2929 University DR # 110 83 84 City: Coral Springs FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HADEED, JOSEPH C. A	12 NAME	
STREET ADDRESS	2929 UNIVERSITY DRIVE, #110	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall constitute 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature] 3/24/95 305 752 9640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100006 CP