

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794 0000 80 246

1. Corporation Name

ENAS G. ISKANDER, M.D., P.A.

Principal Place of Business

Mailing Address

781 South Nova Road
Ormond Beach, FL 32174

SAME

300001504583
-06/02/95--01033--025

DO NOT WRITE IN THIS SPACE
***225.00 ***225.00

3. Date Incorporated or Qualified
10/31/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite Apt # etc

26. Suite Apt # etc

applied for

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip

County

28. Zip

County

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24.

25.

29.

30.

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

ENAS G. ISKANDER, M.D.
781 S. Nova Road
Ormond Beach, FL 32174

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

(Signature of Agent is printed name. The printed agent's name is also filed.)

(If the Registered Agent has a title, it should be indicated after the signature.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D, P, S
Enas G. Iskander
2. STREET ADDRESS
781 S. Nova Road
3. CITY, ST, ZIP
Ormond Beach, FL 32174

1. NAME ☐ Change ☐ Addition

2. NAME
D, T
Rafat Eskander
3. STREET ADDRESS
781 S. Nova Road
4. CITY, ST, ZIP
Ormond Beach, FL 32174

2. NAME ☐ Change ☐ Addition

3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

3. NAME ☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

4. NAME ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

5. NAME ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. NAME ☐ Change ☐ Addition

24. NAME ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

14. I do 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)(B), 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 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 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and Title of Printing Officer or Director)

Enas G. Iskander, M.D.

(Date)

(Signature of Agent)