
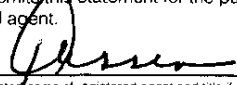


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90014 019 \*\*\*150.00

<b>DOCUMENT # P96000049243</b>					
<b>1. Entity Name</b> DR. ARMANDO L. HASSUN JR., P.A.					
<b>Principal Place of Business</b> 331 ISLA DORADA BLVD CORAL GABLES FL 33143 US			<b>Mailing Address</b> 331 ISLA DORADA BLVD CORAL GABLES FL 33143 US		
<b>2. Principal Place of Business</b> 555 Biltmore way Suite, Apt. #, etc. Suite # 201 City & State Coral Gables, FLA. Zip 33134 Country USA			<b>3. Mailing Address</b> 555 Biltmore way Suite, Apt. #, etc. Suite # 201 City & State Coral Gables, FLA. Zip 33134 Country USA		
<b>4. FEI Number</b> 65-0680391			<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> HASSUN, ARMANDO L JR. 331 ISLA DORADA BLVD CORAL GABLES FL 33143			<b>7. Name and Address of New Registered Agent</b> Name HASSUN, Armando L Jr. Street Address (P.O. Box Number is Not Acceptable) 555 Biltmore way suite # 201 City Coral Gables FL Zip Code 33134		
<b>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.</b> SIGNATURE  DATE 2/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HASSUN, ARMANDO L JR. 331 ISLA DORADA BLVD CORAL GABLES FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HASSUN, Armando L Jr. 555 Biltmore way suite # 201 Coral Gables, FLA. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

02/05/04  
Date

3054421001  
Daytime Phone #