FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064799

DR. EL-SAYED M.D., P.A.

Ì	Principal Place of Business			Mailing Address			-	11 81811 18818	19116 1811 1891	
	7800 N. UNIVERSITY DRIVE 7800 N. UNIVERSITY DRIVE #103 #103						DO NOT WRITE IN THIS SI	PACE		
1	TAMARAC FL 33321 TAMARAC FL 33321						3. Date Incorporated or Qualified			
							08/02/1996			l
1	5 Ostasiani Di	Principal Place of Business 2a. Mailing Address					4. FEI Number	T An	plied For	ĺ
1		ace of Business	 	26			1 · · ·	_ 	t Applicable	
Į	Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0683153	\$8.75 A		ł
١	—	#, etc.	⊢	27			5. Certificate of Status Desired	Fee Re		
ĺ	City & State									
Zip Country			· · · · · · · · · · · · · · · · · · ·	28			6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
				Zip Country 29 30			Trock and Continued and			1
			⊢ ¬				8. This corporation owes the current year Intangible Personal Property Tax.			
Į	24 25 9. Name and Address of Current R					10. Name and Address of New Registered Agent			/	1
ŀ	9. Name and Address of Current Regi			Istered Agent		1 Name	To. Harrie and Addition of the Addition of the	,		
EL-SAYED, MOHAMED 7800 N. UNIVERSITY DRIVE #103 TAMARAC FL 33321										1
			F		82	82 Street Address (P.O. Box Number is Not Acceptable)				
			-		8:	4				1
				•		3				
ļ	TAMANAO FL 33321				84	4 City	FL	85 Zip C	Code	
ļ								L l	ragistarad	ł
Ì	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation						oration submits this statement for the purpose of ch an's board of directors. I hereby accept the appointment	nent as rec	gistered	Į
							of a poard of directors, i horoby decopt the appearan			
	agent. I a	m familiar with, and acce	pt the obligations of,	Section 607.0505, Flo	rida Statute	\$.	or a control of the c			
	agent. I ai	m familiar with, and acce	pt the obligations of,	Section 607.0505, Flo	nda Statute	·S.				•
	agent. I ai	m familiar with, and acce	pt the obligations of,	applicable. (NOTE:	Registered Ag	S. ant signature required	d when reinstating) DATE			1 5
	agent. I ai SIGNATURE 12.	m familiar with, and acce Signature, typed or printed name of OF	pt the obligations of,	applicable. (NOTE:	Registered Age	·S.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	1
	agent. I all SIGNATURE 12. TITLE	m familiar with, and acce	of registered agent and title if	applicable. (NOTE:	Registered Age 13.	ent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND			100,711
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CITY-ST-ZIP 14. 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90017 010 ***150.00