

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000302

Entity Name: MNH SURGICAL CENTER, INC.

FILED
Mar 17, 2004
Secretary of State

Current Principal Place of Business:

1101 N MAITLAND AVE
MAITLAND, FL 32751

New Principal Place of Business:

1101 N MAITLAND AVE
SUITE #2
MAITLAND, FL 32751

Current Mailing Address:

1101 N MAITLAND AVE
MAITLAND, FL 32751

New Mailing Address:

1101 N MAITLAND AVE
SUITE #2
MAITLAND, FL 32751

FEI Number: 59-3491729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILAL, TALAL E
1101 N MAITLAND AVE
MAITLAND, FL 32751 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 (X).

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: HILAL, T.E.
Address: 1101 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: HILAL, NADIA A
Address: 160 N SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: NADIA HILAL

S

03/17/2004

Electronic Signature of Signing Officer or Director

Date