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

PROFIT CORPORATION ANNUAL REPORT



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

9	9	b

(1)

DOCUMENT #
1. Corporation Name

BASSEL B. IBRAHIM, M.D., P.A.

HIRAN CHEN AND		

Principal Place of Business Mailing Address		ı iddir Girêbi Asıbı Britt siddi sı	881 1181 A1811 A1811 A	### PIPII	) #1811 BIBH (BB)			
8251 W BRO	WARD BLVD	8251 W BROWA	RD BLVD					
405		\$405	****					
PLANTATION FL 33324 US		PLANIATION FL US	PLANTATION FL 33324 US		3, Date Incorporated or Qualified 3a, Date of Last Report 07/30/1992 03/02/1995			
2. Principal Pla	ice of Business	2a. Mailing Address	3		4, FEI Number		丁丁	Applied For
21		26			65-0348486			Not Applicable
Suite, Apt. #	l, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.0	O May Be
23		28			Trust Fund Contribution	L	Adde	d to Fees
Zıp	Country	Zip	Counti	У	8. This corporation has liability for		ınder s	199.032,
24	25	29	30			es No		
	g. Name and Address of Cur	rent Hegistered Agent	8	1 Name	10. Name and Address of New	Hegistered Ag	ent	
IDDA1 III	1 810051 8 118		6	INATHE				
	A, BASSEL B M.D.		8	2 Street Add	ress (P.O. Box Number is Not Accept	able)		
	BROWARD BLVD		8	4				
S405	TION CL 00004		ا	9				
PLANIA	TION FL 33324		8	4 City		FL	<b>85</b> Zi	ip Code
44 D	a the excitations of Continue 607.0	500 and 507 1509 Florida	Statutes, the above	named cores	ration submits this statement for the p		nion ite i	registered office
or registere	ed agent, or both, in the State of F	lorida. Such change was au	thorized by the cor	poration's boa	and of directors. I hereby accept the ap	ppointment as re	gisterec	d agent. I am
familiar wit	h, and accept the obligations of, S	ection 607.0505, Florida St	atutes.					
SIGNATURE .	Signature, typed or printed name of registered a	aget and File it portrathic	(NOTE: Registered Ac	ant cianative rewise	ad when remelative	DATE		
12.		AND DIRECTORS	13.	em agrande raquin	ADDITIONS/CHANGES TO O		IRECTO	ORS IN 12
TULE	D	DELET					Change	Addition
NAME	IBRAHIM, BASSEL B., M.I	).	1.2 NAM	.				
STREET ADDRESS	8251 W BROWARD BLDV	S405	13 STRE	FT ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1.4 CITY	- ST - ZIP				
TITLE		☐ DELET	2 1 TITL	F			Change	☐ Addition
NAME			2 2 NAM	:				
STREET ADDRESS			23 STRE	ET ADDRESS				
CITY - ST - ZIP			2.4 CITY	- ST- ZIP				
TITLE		DELET	3. 1 TITL	E			Change	Addition
NAME			3.2 NAM	£				
STREET ADDRESS			33 STR	EET ADDRESS				
CITY-ST-ZIP	,		3 4 City	- \$1 - ZIP				
TETLE		DELET					Change	☐ Addition
NAME			4.2 NAM	·				ļ
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP		E) Nutr	4.4 CrTY				Change	Addition
TITLE		☐ DELET		)		LJ	unange	☐ Mudition
NAME			5.2 NAM					
STREFT ADDRESS				ET ADDRESS				
CITY-S1-ZIP		DELET	54 CITY				Change	Addition
TITLE		□ necei				ليا	Aumilia	- 14000011
NAME			6 2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP	v certify that the information suppl	ed with this filing is voluntar		- S1-ZIP bes not qualify	for the exemption stated in Section 1	19.07(3)(k), Florid	la Statu	ites. I further

Foo increasy certify that the information supplies with this silling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Fluriner 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4112196

954-423-9692

Daytime Phone #