

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009739

**Entity Name:** SFL COMMUNITY CLINIC INC

**Current Principal Place of Business:**

8358 WEST OAKLAND PARK BLVD  
STE 101  
SUNRISE, FL 33351

**Current Mailing Address:**

8358 WEST OAKLAND PARK BLVD  
STE 101  
SUNRISE, FL 33351

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOFTBOOKS INC  
5373 N NOB HILL ROAD  
SUNRISE, FL 33351 US

*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

**Officer/Director Detail :**

Title D  
Name ISMAIL, YUNUS  
Address 8358 WEST OAKLAND PARK BLVD  
STE 101  
City-State-Zip: SUNRISE FL 33351

Title D  
Name QURESHI, JAVED  
Address 8358 WEST OAKLAND PARK BLVD  
STE 101  
City-State-Zip: SUNRISE FL 33351

Title D  
Name AMIN, MUHAMMAD  
Address 8358 WEST OAKLAND PARK BLVD  
STE 101  
City-State-Zip: SUNRISE FL 33351

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMIN , MUHAMMAD

D

04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date