

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 544661

**Entity Name:** TALIB HUSSIAN M.D., P.A.

**Current Principal Place of Business:**

7768 BAY STREET  
SUITE 12  
SEBASTIAN, FL 32958

**Current Mailing Address:**

7768 BAY STREET  
SUITE 12  
SEBASTIAN, FL 32958 US

**FEI Number:** 59-1791149

**Certificate of Status Desired:** No

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

HUSSAIN, TALIB, MD  
7770 134 ST  
SEBASTIAN, FL 32958 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 P  
Name HUSSAIN, TALIB, MD  
Address 7768 BAY STREET SUITE 12  
City-State-Zip: SEBASTIAN FL 32958

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

**SIGNATURE:** TALIB HUSSAIN, MD

**PRESIDENT**

**03/11/2016**

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

\_\_\_\_\_  
Date