

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035670

**Entity Name:** HASSANEIN CLINIC, INC.

**Current Principal Place of Business:**

437- 439 NORTHWEST PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983-8731

**Current Mailing Address:**

437 - 439 NORTHWEST PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983-8731 US

**FEI Number:** 90-0040953

**Certificate of Status Desired:** No

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

HASSANEIN, HOSSAM  
475 ORIOLE PT  
JUPITER, FL 33458 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 HASSANEIN, HOSSAM  
Address 475 ORIOLE POINT  
City-State-Zip: JUPITER FL 33458

Title OM  
Name RASLAN, ANGIE  
Address 475 ORIOLE POINT  
City-State-Zip: JUPITER FL 33458

*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:** ANGIE RASLAN

OM

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date