

2018 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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date