

2013 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

Current Mailing Address:

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

FEI Number: 90-0040953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

PRESIDENT

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date