

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000079896

**Entity Name:** OMAR DAVID HUSSAMY, M.D., P.A.

**Current Principal Place of Business:**

C/O CHARLES E GARRIS  
817 BEACHLAND BLVD  
VERO BEACH, FL 32963

**Current Mailing Address:**

PO BOX 643408  
VERO BEACH, FL 32964

**FEI Number: 59-3402468**

**Certificate of Status Desired:** No

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

GARRIS, CHARLES E  
817 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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 DP  
Name HUSSAMY, OMAR DMD  
Address P.O. BOX 643408  
City-State-Zip: VERO BEACH FL 32964

Title DST  
Name HUSSAMY, CAROLE M  
Address P.O. BOX 643408  
City-State-Zip: VERO BEACH FL 32964

*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: CAROLE M HUSSAMY**

**SECT/TREAS**

**03/04/2023**

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

\_\_\_\_\_  
Date