



Form Revision Date 07/2016

## ANNUAL REPORT

*(Required by Section 911, Act 284, Public Act of 1972)*

The identification number assigned by the Bureau is: 800985494

Annual Report Filing Year: 2019

1. The name of the corporation:  
PHOENIX MEDICAL SPA M.D.P.C.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: HASSAN ALI SAGHIR  
 2. Street Address: 6833 CALHOUN  
 Apt/Suite/Other:  
 City: DEARBORN  
 State: MI Zip Code: 48126

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 6833 CALHOUN ST.  
 Apt/Suite/Other:  
 City: DEARBORN  
 State: MI Zip Code: 48126

4. Provide the name(s) and address(es) of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	HASSAN ALI SAGHIR	6833 CALHOUN ST., DEARBORN, MI 48126 USA
TREASURER	HASSAN ALI SAGHIR	6833 CALHOUN ST., DEARBORN, MI 48126 USA
SECRETARY	HASSAN ALI SAGHIR	6833 CALHOUN ST., DEARBORN, MI 48126 USA
DIRECTOR	HASSAN ALI SAGHIR	6833 CALHOUN ST., DEARBORN, MI 48126 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:

GENERAL MEDICAL OFFICE.

Section 911(1)(f), Act 284, P.A. of 1972, as amended, requires that the annual report shall list the names and addresses of all shareholders.

The corporation certifies that each shareholder is a licensed person in one or more of the professional services provided by the professional corporation and that the corporation meets the other requirements of chapter 2A.

6. The name(s) and address(es) of all shareholders:

Name	Residence Or Business Address
HASSAN ALI SAGHIR	6833 CALHOUN ST. DEARBORN, MI 48126 USA

This document must be signed by an authorized officer or agent:

Signed this 20th Day of April, 2020 by:

Signature	Title	Title if "Other" was selected
Hassan Ali Saghir	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2019 ANNUAL REPORT

***for***

PHOENIX MEDICAL SPA M.D.P.C.

***ID Number:*** 800985494

***received by electronic transmission on*** April 20, 2020 ***, is hereby endorsed.***

***Filed on*** April 20, 2020 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of April, 2020.***

*Linda Clegg*

***Linda Clegg, Interim Director***

***Corporations, Securities & Commercial Licensing Bureau***