

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M00536

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: ADIB ANTOINE CHIDIAC M.D., P.A.

## Current Principal Place of Business:

2100 EAST SAMPLE RD  
201  
LIGHTHOUSE, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

2100 EAST SAMPLE RD  
201  
LIGHTHOUSE, FL 33064

## New Mailing Address:

FEI Number: 59-2411629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIDIAC, ADIB ANTOINE  
2100 E. SAMPLE RD, SUITE 201  
LIGHTHOUSE, FL 33064 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: CHIDIAC, ADIB ANTOIN, E  
Address: 2100 E. SAMPLE RD, SUITE 201  
City-St-Zip: LIGHTHOUSE, FL 33064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: GARULLI-CHIDIAC, RITA  
Address: 2100 E. SAMPLE RD, SUITE 201  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADIB A. CHIDIAC

MD

03/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date