

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086918

Entity Name: MONA ARABI, MD, PA

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O ANN COBB  
2469 COUNTY ROAD ,401A  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANN COBB  
2469 COUNTY ROAD ,401A  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

FEI Number: 55-0801651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARABI, MONA  
C/O ANN COBB  
2469 COUNTY ROAD ,401A  
LAKE PANASOFFKEE, FL 33538 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: ARABI, MONA  
Address: 2469 COUNTY ROAD ,401A  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARABI, MONA N MD  
Address: 2469 COUNTY ROAD ,401A  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MONA ARABI MD

P

04/03/2009

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

\_\_\_\_\_ Date