

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014403

Entity Name: ALY MORSHED, DDS P.A.

FILED  
Feb 09, 2012  
Secretary of State

**Current Principal Place of Business:**

8700 FRONT BEACH ROAD  
APT # 4115  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

8700 FRONT BEACH ROAD  
APT # 4115  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

FEI Number: 27-2143678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORSHED, ALY DDS  
8700 FRONT BEACH ROAD  
APT # 4115  
PANAMA CITY BEACH, FL 32407 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: MORSHED, ALY DDS  
Address: 8700 FRONT BEACH ROAD APT #4115  
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: ALY MORSHED

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

DR.

02/09/2012

\_\_\_\_\_ Date