

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M00536

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

**Current Principal Place of Business:**

2100 EAST SAMPLE RD  
201  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

2100 EAST SAMPLE RD  
201  
LIGHTHOUSE POINT, FL 33064

**FEI Number:** 59-2411629

**Certificate of Status Desired:** No

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

CHIDIAC, ADIB ANTOINE  
2100 E. SAMPLE RD  
SUITE 201  
LIGHTHOUSE POINT, FL 33064 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 PSD  
Name CHIDIAC, ADIB ANTOINE  
Address 2100 E. SAMPLE RD, SUITE 201  
City-State-Zip: LIGHTHOUSE FL 33064

Title S  
Name GARULLI-CHIDIAC, RITA  
Address 2100 E. SAMPLE RD, SUITE 201  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** RITA GARULLI-CHIDIAC

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04/21/2013

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

\_\_\_\_\_  
Date