

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000086918

**Entity Name:** MONA ARABI, MD, PA

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O ANN COBB  
2469 COUNTY ROAD ,401A  
PANASOFFSKEE, FL 33538 US

**FEI Number:** 55-0801651

**Certificate of Status Desired:** No

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

ARABI, MONA NAJIB  
C/O ANN COBB  
2469 COUNTY ROAD ,401A  
PANASOFFKEE, FL 33538 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 P  
Name ARABI, MONA NMD  
Address 2469 COUNTY ROAD ,401A  
City-State-Zip: PANASOFFKEE FL 33538

*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:** MONA N ARABI

**PRESIDENT**

**02/26/2013**

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

\_\_\_\_\_  
Date