

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000038963

**Entity Name:** KWABENA AYESU, M.D., P.A.

**Current Principal Place of Business:**

70 SPRING VISTA DR STE 1  
DEBARY, FL 32713

**Current Mailing Address:**

70 SPRING VISTA DR STE 1  
DEBARY, FL 32713

**FEI Number:** 56-2500290

**Certificate of Status Desired:** No

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

AYESU, KWABENA MD  
70 SPRING VISTA DR STE 1  
DEBARY, FL 32713 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 AYESU, KWABENA MD  
Address 332 N SPAULDING COVE  
City-State-Zip: LAKE MARY FL 32746

*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:** KWABENA AYESU

**PRESIDENT**

**02/27/2016**

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

\_\_\_\_\_  
Date