

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040997

**Entity Name:** ADEL S. MANSOUR M. D., P. A.

**Current Principal Place of Business:**

3250 ST. CHARLES PLACE  
BOCA RATON, FL 33434

**Current Mailing Address:**

3250 ST. CHARLES PLACE  
BOCA RATON, FL 33434 US

**FEI Number:** 27-0181874

**Certificate of Status Desired:** Yes

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

MILLER, JOHN P  
2499 GLADES ROAD  
SUITE 304  
BOCA RATON, FL 33431 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 PD  
Name MANSOUR, ADEL S  
Address 3250 ST. CHARLES PLACE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name MANSOUR, MERVAT T MRS  
Address 3250 ST. CHARLES PLACE  
City-State-Zip: BOCA RATON FL 33434

*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:** ADEL.S MANSOUR

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date