

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000014403

**Entity Name:** ALY MORSHED, DDS P.A.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-2143678

**Certificate of Status Desired:** No

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

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

DDS

01/08/2015

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

\_\_\_\_\_  
Date