

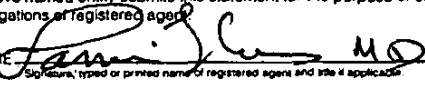



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Mar 03, 2008 8:00 am
Secretary of State

01-18-2008 90007 042 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 605625		
1. Entity Name SAMIR ELIAS, M.D., P.A.		
Principal Place of Business 1655 JESS PARRISH CT. TITUSVILLE, FL 32796	Mailing Address 1655 JESS PARRISH CT. TITUSVILLE, FL 32796	66001998 
DO NOT WRITE IN THIS SPACE		01092008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1880963
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELIAS, SAMIR 1655 JESS PARRISH CT. TITUSVILLE, FL 32796		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  M.D.		DATE <u>11/14/08</u>
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when releasing)
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ELIAS, SAMIR 1655 JESS PARRISH CT. TITUSVILLE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE  SAMIR ELIAS		DATE <u>2/19/08</u> DAYTIME PHONE # <u>321-269-4911</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		