

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44399

Entity Name: M. JARRAH, M.D., P.A.

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

21260 OLEAN BLVD  
SUITE 204  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

21260 OLEAN BLVD  
SUITE 204  
PORT CHARLOTTE, FL 33952 US

FEI Number: 59-2305765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952 US

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

JARRAH, M., M.D.  
21260 OLEAN BLVD  
SUITE 204  
PORT CHARLOTTE, FL 33952 US

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

JARRAH, M., M.D.  
2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952 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: KRISTY SMITH

02/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JARRAH, MAMOON  
Address: 2525 HARBOR BLVD SUITE 202  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR  
Name: SMITH, KRISTY  
Address: 2525 HARBOR BLVD SUITE 202  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: KRISTY SMITH

MRS

02/16/2010

Electronic Signature of Signing Officer or Director

Date