


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # H31945 1. Entity Name I. ED. TARABISHY, M. D., P. A.	
--	---

Principal Place of Business OAK HILL MEDICAL CENTER 11339 CORTEZ BLVD. BROOKSVILLE, FL 34613-5402	Mailing Address OAK HILL MEDICAL CENTER 11339 CORTEZ BLVD. BROOKSVILLE, FL 34613-5402
--	--



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2472922	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

TARABISHY, IMAD E.
OAK HILL MEDICAL CENTER
11339 CORTEZ BLVD.
BROOKSVILLE, FL 34613-5402

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

U00000075860
03/04/04-80004-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TARABISHY, IMAD E. 11339 CORTEZ BLVD., OAK HILL MEDICAL CENTR BROOKSVILLE, FL 340135402
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #