## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092579

Entity Name: ROSEMARIE PANELLA ABAD, M.D., P.A.

Apr 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

406 N OCEANWALK DRIVE ATLANTIC BEACH, FL 32233

**Current Mailing Address: New Mailing Address:** 

406 N OCEANWALK DRIVE ATLANTIC BEACH, FL 32233

FEI Number: 32-0005762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MANGINE, WILLIAM J III MANGINE, WILLIAM J III 320 OSCEOLA AVE 320 OSCEOLA AVE JACKSONVILLE BEACH, FL 32280 US

JACKSONVILLE BEACH, FL 32280 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: 04/20/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: **PSTD** (X) Change ( ) Addition ADAB, ROSEMARIE P Name: Name: ABAD, ROSEMARIE P Address:

406 N OCEANWALK DRIVE 406 N OCEANWALK DRIVE Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: ROSEMARIE P ABAD 04/20/2004