

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092579

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

406 OCEANWALK DRIVE NORTH
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

406 OCEANWALK DRIVE NORTH
ATLANTIC BEACH, FL 32233

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ABAD, ROSEMARIE P
Address: 406 OCEANWALK DRIVE NORTH
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROSEMARIE P. ABAD

PRES

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date