

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092579

FILED  
Jan 04, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ABAD, ROSEMARIE P M.D.  
Address: 406 OCEANWALK DRIVE NORTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: ROSEMARIE P. ABAD

PRES

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date