

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90013 043 \*\*\*150.00

**DOCUMENT # P01000075890**

1. Entity Name

MONA J. ISSA, D.C., P.A.



Principal Place of Business

11200 PINES BLVD  
SUITE 101  
PEMBROKE PINES FL 33026  
US

Mailing Address

11200 PINES BLVD  
SUITE 101  
PEMBROKE PINES FL 33026  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1132560

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISSA, MONA J  
11200 PINES BLVD. STE. 101  
PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code\*

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME              | STREET ADDRESS      | CITY-ST-ZIP          | TITLE | NAME         | STREET ADDRESS         | CITY-ST-ZIP             |
|-------|-------------------|---------------------|----------------------|-------|--------------|------------------------|-------------------------|
|       | D<br>ISSA, MONA J | 1980 BAY DRIVE # 12 | MIAMI BEACH FL 33141 |       | Issa, Mona J | 11200 Pines Blvd # 101 | PEMBROKE PINES FL 33026 |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |
|       |                   |                     |                      |       |              |                        |                         |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-4-08

(786) 267-0771

Case

Daytime Phone #