

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000017015

Entity Name: MICHEL HABASHY MD P.A.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

918 ROLLING ACRES RD, STE 6  
LADY LAKE, FL 321595026 US

**New Principal Place of Business:**

**Current Mailing Address:**

918 ROLLING ACRES RD, STE 6  
LADY LAKE, FL 321595026 US

**New Mailing Address:**

FEI Number: 01-0640048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HABASHY, MICHEL  
918 ROLLING ACRES RD, STE 6  
LADY LAKE, FL 321595026 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: MD  
Name: HABASHY, MICHEL  
Address: 918 ROLLING ACRES RD, STE 6  
City-St-Zip: LADY LAKE, FL 321595026

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: MICHEL HABASHY

MD

04/24/2012

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

\_\_\_\_\_  
Date