

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000164775

Entity Name: SALAH ANTAR, M.D., P.A.

**FILED**  
**May 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10701 N. WOODMERE RD.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10701 N. WOODMERE RD.  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 20-2044902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTAR, SALAH M.D.  
10701 N. WOODMERE RD.  
TAMPA, FL 33617 US

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

ANTAR, SALAH MD  
10701 N. WOODMERE RD.  
TAMPA, FL 33617 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: SALAH ANTAR

05/19/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: ANTAR, SALAH MD  
Address: 10701 N. WOODMERE RD.  
City-St-Zip: TAMPA, FL 33617

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: SALAH

MD

05/19/2010

Electronic Signature of Signing Officer or Director

Date