

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000065249

Entity Name: FLAGLER OB-GYN, P.A.

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

**Current Principal Place of Business:**

3100 US 1 SOUTH SUITE 1  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

3100 US 1 SOUTH SUITE 1  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 26-2908622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOWNEY, KEVIN I  
2631-B NW 41ST STREET  
GAINESVILLE, FL 32606 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: DR.  
Name: AKHIYAT, MOHAMED M  
Address: 3100 US HWY 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: M.M. AKHIYAT

PRES

02/24/2012

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

\_\_\_\_\_  
Date