

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073708

Entity Name: M. ADAM, MD., PA

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2350 VANDERBILT BEACH DR  
NAPLES, FL 34110

**New Principal Place of Business:**

1351 PINE ST.  
NAPLES, FL 34104

**Current Mailing Address:**

2350 VANDERBILT BEACH DR  
NAPLES, FL 34110

**New Mailing Address:**

1351 PINE ST.  
NAPLES, FL 34104

FEI Number: 45-3068608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: ADAM, MAHMOUD  
Address: 1351 PINE ST.  
City-St-Zip: NAPLES, FL 34104

Title: S  
Name: ADAM, AMAL  
Address: 6597 NICHOLAS BLVD.  
City-St-Zip: NAPLES, FL 34108

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: MAHMOUD ADAM, MD PRESIDENT

MD

01/09/2012

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

\_\_\_\_\_  
Date