

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90166 044 \*\*\*158.75

**DOCUMENT # P93000036253**

1. Entity Name  
**MICHAEL A. FABIAN, M.D., P.A.**



Principal Place of Business  
**311 NORTH CLYDE MORRIS BLVD.  
550  
DAYTONA BEACH, FL 32114**

Mailing Address  
**311 NORTH CLYDE MORRIS BLVD.  
550  
DAYTONA BEACH, FL 32114**

2. Principal Place of Business  
**1890 LAGA Blvd.**

3. Mailing Address  
**1890 LAGA Blvd**

Suite, Apt. #, etc.  
**Suite 250**

Suite, Apt. #, etc.  
**Suite 250**

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

Zip  
**32117**

Country  
**USA**

Zip  
**32117**

Country  
**USA**

01202005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3191031**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**FABIAN, MICHAEL A MD  
311 NORTH CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114**

## 7. Name and Address of New Registered Agent

Name  
**FABIAN, MICHAEL A MD**

Street Address (P.O. Box Number is Not Acceptable)  
**1890 LAGA Blvd.**

Suite  
**Suite 250**

City  
**Daytona Beach**

**FL**

Zip Code  
**32117**

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 **M. A. Fabian** **MICHAEL A. FABIAN** **PTSD**

**2/5/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
**PTSD** ☐ Delete  
NAME  
**FABIAN, MICHAEL A**  
STREET ADDRESS  
**311 NORTH CLYCLE MORRIS BLVD., SUITE 550**  
CITY-ST-ZIP  
**DAYTONA BEACH, FL**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
**1890 LAGA Blvd Suite 250**  
CITY-ST-ZIP  
**DAYTONA BEACH, FL 32117**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **M. A. Fabian** **MICHAEL A. FABIAN**

**2/5/05**

**386-274-0250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #