FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000006452 (3)**

1. Corporation Name

ABDELNASSER G. ELMANSOURY, M.D., P.A.

Principal Place of Business	Mailing Address
14540 CORTEX BLVD., SUITE 122 BROOKSVILLE FL 34613	14540 CORTEX BLVD., SUITE 122 BROOKSVILLE FL 34613

3. Date Incorporated or Qualified: 01/20/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: 59-3298032 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALES, LARRY J
THORNTON, TORRENCE & GONZALES
6645 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: AbdelNasser G. Elmansoury, MD
82 Street Address (P.O. Box Number is Not Acceptable): 14540 Cortez Boulevard, Suite 122
83
84 City: Brooksville FL 85 Zip Code: 34613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Abdelnasser Elmansoury 1/17/96
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	ELMANSOURY, ABDELNASSER G	2 NAME	
STREET ADDRESS	14540 CORTEX BLVD., SUITE 122	3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	4 CITY-ST-ZIP	
2 TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
3 TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
4 TITLE	☐ DELETE	7 TITLE	☐ Change ☐ Addition
5 TITLE	☐ DELETE	8 TITLE	☐ Change ☐ Addition
6 TITLE	☐ DELETE	9 TITLE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an amendment with an address.

SIGNATURE: Abdelnasser Elmansoury 1/17/96 (352) 596-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)