

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000006452

1. Entity Name
ABDELNASSER G. ELMANSOURY, M.D., P.A.



Principal Place of Business

12900 CORTEZ BLVD
STE 204
BROOKSVILLE, FL 34613

Mailing Address

12900 CORTEZ BLVD
STE 204
BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3298032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELMANSOURY, ABDELNASSER G MD
12900 CORTEZ BLVD
STE 204
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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

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	D
NAME	ELMANSOURY, ABDELNASSER G
STREET ADDRESS	12900 CORTEZ BLVD STE 204
CITY - ST - ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000269100
03/18/05-80069-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: *Abdelnasser Elmansoury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 (352) 576-9555

Date

Daytime Phone #