

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009128

FILED
Mar 29, 2010
Secretary of State

Entity Name: PORT ORANGE INTERNISTS, P.A.

Current Principal Place of Business:

3890 TURTLE CREEK DR.
PORT ORANGE, FL 32129

New Principal Place of Business:

3890 TURTLE CREEK DR.
SUITE C
PORT ORANGE, FL 32129

Current Mailing Address:

3890 TURTLE CREEK DR.
PORT ORANGE, FL 32129

New Mailing Address:

3890 TURTLE CREEK DR.
SUITE C
PORT ORANGE, FL 32129

FEI Number: 59-3292082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAMMOUR, HENRI
3890 TURTLE CREEK DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

NAMMOUR, HENRI
3890 TURTLE CREEK DR
SUITE C
PORT ORANGE, FL 32129 US

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:

03/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MOUSSLY, SOUHEIL M.D.
Address: 3890 TURTLE CREEK DR. SUITE C
City-St-Zip: PORT ORANGE, FL 32129

Title: SECR
Name: NAMMOUR, HENRI H
Address: 3890 TURTLE CREEK DR SUITE C
City-St-Zip: PORT ORANGE, FL 32129

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: HENRI NAMMOUR

SECR

03/29/2010

Electronic Signature of Signing Officer or Director

Date