

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031978

FILED
Jan 22, 2009
Secretary of State

Entity Name: ABRAHAM CHAMELY, M.D., P.A.

Current Principal Place of Business:

6574 N. STATE ROAD 7, PMB 106
COCONUT CREEK, FL 330733625 US

New Principal Place of Business:

6574 N. STATE ROAD 7, PMB 106
COCONUT CREEK, FL 33073 US

Current Mailing Address:

6574 N. STATE ROAD 7, PMB 106
COCONUT CREEK, FL 330733625 US

New Mailing Address:

6574 N. STATE ROAD 7, PMB 106
COCONUT CREEK, FL 33073 US

FEI Number: 65-0573361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMELY, ABRAHAM
4070 NW 83RD LANE
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CHAMELY, ABRAHAM
Address: 4070 NW 83RD LANE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ABRAHAM CHAMELY M.D

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date