

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050799

Entity Name: DAVID ABELLARD, M.D., P.A.

FILED  
Feb 15, 2008  
Secretary of State

## Current Principal Place of Business:

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

## New Mailing Address:

FEI Number: 65-0594582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANNING, DENISE  
780 LYONS ROAD  
WEST PALM BEACH, FL 33411 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: PVTs ( ) Delete  
Name: ABELLARD, DAVID MD  
Address: 4849 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

## 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: DAVID ABELLARD

PVTs

02/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date