

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000084922

1. Entity Name  
JOHN K. HAIRABET, M.D., INC.



Principal Place of Business  
925 S FEDERAL HWY  
STE 150  
BOCA RATON, FL 33432 US

Mailing Address  
16161 BRISTOL POINTE DRIVE  
DELRAY BEACH, FL 33446 US



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0627991

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAIRABET, JOHN K.  
16161 BRISTOL POINTE DRIVE  
DELRAY BEACH, FL 33446

**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: JOHN K. HAIRABET John K. Hairabet 01/11/05  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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 PTD  
NAME HAIRABET, JOHN K  
STREET ADDRESS 16161 BRISTOL POINTE DRIVE  
CITY ST ZIP DELRAY BEACH, FL 33446

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1100000181070  
01/14/05-80033-010 150.00

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

SIGNATURE: JOHN K. HAIRABET John K. Hairabet 01/11/05 (561)393-9985  
Signature typed or printed name of signing officer or director Date