

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000041060

1. Entity Name
EHAB M. MICHAEL, M.D., P.A.



Principal Place of Business
5411 GRAND BOULEVARD
#101
NEW PORT RICHEY, FL 34652

Mailing Address
5411 GRAND BOULEVARD
#101
NEW PORT RICHEY, FL 34652

FILED
Mar 17, 2008 08:00 A
Secretary of State



01092008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3377557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT ST, SUITE 102
CLEARWATER, FL 34616

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000360255
04/02/08-00056-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICHAEL, EHAB M
5411 GRAND BLVD... #101
NEW PORT RICHEY, FL 34652

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EHAB M. MICHAEL, MD 3-4-08 842-3600

Date

Daytime Phone #