

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000103801

**FILED**  
**May 07, 2012**  
**Secretary of State**

**Entity Name:** BSHARA BARAKAT M.D. P.A.

**Current Principal Place of Business:**

2119 OAK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2119 OAK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-3417371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: BARAKAT, BSHARA  
Address: 2119 OAK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DR  
Name: BARAKAT, MIRNA  
Address: 8188 WEKIVA WAY  
City-St-Zip: JACKSONVILLE, FL 32256

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:** B BARAKAT

CE

05/07/2012

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

\_\_\_\_\_  
Date