2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000065860

1. Entity Name
MONEER M. MANSOUR M.D. P.A.

Principal Place of Business	Mailing Address
8787 BRYAN DAIRY RD STE 330 LARGO, FL 33777-1252	8787 BRYAN DAIRY RD STE 330 LARGO, FL 33777-1252

DO NOT WRITE IN THIS SPACE

01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3524683	Not Applicable

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

6. Name and Address of Current Registered Agent

MANSOUR, MONEER M
8787 BRYAN DAIRY RD
STE 330
LARGO, FL 33777-1252

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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, 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	PD
NAME	MANSOUR, MONEER M
STREET ADDRESS	8787 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 337771252
TITLE	VST
NAME	MANSOUR, MARLENE
STREET ADDRESS	8787 BRYAN DAIRY ROAD, STE. 330
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80035-010 150.00

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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)(i), 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: X _Marlene Mansour_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05   727 391 8009

Date   Daytime Phone #