

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000232

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** ANTHONY I. SEBBA, M.D., P.A.

**Current Principal Place of Business:**

33920 U.S. HIGHWAY 19 NORTH  
STE 241  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

33920 U.S. HIGHWAY 19 NORTH  
STE 241  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-3548577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEBBA, ANTHONY MD  
33920 US HWY 19 N  
STE 241  
PALM HARBOR, FL 39684 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: SEBBA, ANTHONY I M.D.  
Address: 33920 US HWY 19 N, STE 241  
City-St-Zip: PALM HARBOR, FL 34684

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: ANTHONY I SEBBA MD

DR

02/09/2012

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

\_\_\_\_\_  
Date