

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000005774

Entity Name: DAVID NEHME, M.D., P.A.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

528 EAST OSCEOLA ST  
3RD FLOOR  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

528 EAST OSCEOLA ST  
3RD FLOOR  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 65-0899707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEHME, JOHN M.D.  
528 EAST OSCEOLA STREET  
STUART, FL 34994 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: MGMR  
Name: NEHME, JOHN M.D.  
Address: 528 EAST OSCEOLA STREET  
City-St-Zip: STUART, FL 34994

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: JOHN NEHME MD

MGMR

01/06/2012

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

\_\_\_\_\_  
Date