

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000080595

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FRANCIS A. ASHIE MD, P.A.

**Current Principal Place of Business:**

1007 BEVERLY DR.  
SUITE C  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1007 BEVERLY DR.  
SUITE C  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3634848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASHIE, FRANCIS A MD  
3927 MONTESINO DRIVE  
ROCKLEDGE, FL 32955 US

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

ASHIE, FRANCIS A MD  
1007 BEVERLY DRIVE  
SUITE C  
ROCKLEDGE, FL 32955 US

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:

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ASHIE, FRANCIS A  
Address: 1007 BEVERLY DRIVE, SUITE C  
City-St-Zip: ROCKLEDGE, FL 32955

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: FRANCIS A. ASHIE

MD

04/25/2011

Electronic Signature of Signing Officer or Director

Date