

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G44399

**Entity Name:** M. JARRAH, M.D., P.A.

**Current Principal Place of Business:**

2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 59-2305765

**Certificate of Status Desired:** No

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

JARRAH, M., M.D.  
2525 HARBOR BLVD  
SUITE 202  
PORT CHARLOTTE, FL 33952 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            JARRAH, MAMOON  
Address        2525 HARBOR BLVD SUITE 202  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            MGR  
Name            SMITH, KRISTY  
Address        2525 HARBOR BLVD SUITE 202  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** KRISTY SMITH

**MGR**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date