## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064558

Entity Name: BRIAN G. FABIAN, MD, PA

26800 S. TAMIAMI TRAIL SUITE 310 BONITA SPRINGS, FL 34134

**Current Principal Place of Business:** 

**FILED** Jan 09, 2015 **Secretary of State** CC2237243875

## **Current Mailing Address:**

26800 S. TAMIAMI TRAIL SUITE 310 BONITA SPRINGS, FL 34134 US

FEI Number: 56-2339210 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FABIAN, LUCENA 7119 WILD FOREST CT#101 NAPLES, FL 34109 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

FABIAN, BRIAN G Name

7119 WILD FOREST CT #101 Address

City-State-Zip: NAPLES FL 34109

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.

**OFFICER**