

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113031

Entity Name: IBRAHIM A. ABDALLA MD P.A.

Current Principal Place of Business:

2900 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

Current Mailing Address:

2900 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

FEI Number: 56-2531709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAFIK, IBRAHIM
2900 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 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 PTS
Name WAFIK, IBRAHIM
Address 2900 JOHN ANDERSON DR
City-State-Zip: ORMOND BEACH FL 32176

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: IBRAHIM WAFIK

MD

03/10/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date