

**2018 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

P

03/27/2018

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

\_\_\_\_\_ Date