

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000027108

**FILED  
Feb 21, 2015  
Secretary of State  
CC3132217313**

**Entity Name:** FARID CHEKAOUI M.D., P.A.

**Current Principal Place of Business:**

BAY BREEZE NURSING & RETIREMENT CENTER  
3387 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**Current Mailing Address:**

BAY BREEZE NURSING & RETIREMENT CENTER  
3387 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**FEI Number:** 26-6463557

**Certificate of Status Desired:** No

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

CHEKAOUI, FARID  
BAY BREEZE NURSING & RETIREMENT CENTER  
3387 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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	Title	S
Name	CHEKAOUI, FARID	Name	CHEKAOUI, ERIN L
Address	BAY BREEZE NURSING & RETIREMENT CENTER 3387 GULF BREEZE PARKWAY	Address	755 GRAND BLVD, SUITE B105-116
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	DESTIN FL 32550

*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:** FARID CHEKAOUI

P

02/21/2015

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

\_\_\_\_\_  
Date