

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000104476

**Entity Name:** ELYAMAN MEDICAL SERVICES PA

**Current Principal Place of Business:**

4290 NW 4TH CIRCLE  
OCALA, FL 34475

**Current Mailing Address:**

4290 NW 4TH CIRCLE  
OCALA, FL 34475 US

**FEI Number:** 46-1663011

**Certificate of Status Desired:** No

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

ELYAMAN, WALEED  
4290 NW 4TH CIRCLE  
OCALA, FL 34475 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 ELYAMAN, WALEED  
Address 4290 NW 4TH CIRCLE  
City-State-Zip: Ocala FL 34475

*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:** WALEED ELYAMAN

**PRESIDENT**

**03/25/2014**

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

\_\_\_\_\_  
Date