## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009128

Entity Name: PORT ORANGE INTERNISTS, P.A.

**Current Principal Place of Business:** 

3890 TURTLE CREEK DR. SUITE C

PORT ORANGE, FL 32129

**Current Mailing Address:** 

3890 TURTLE CREEK DR.

SUITE C

PORT ORANGE, FL 32129

FEI Number: 59-3292082 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOUSSLY, SOUHEIL DR. 3890 TURTLE CREEK DR

SUITE C

PORT ORANGE, FL 32129 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: SOUHEIL MOUSSLY 01/29/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title **SECR** 

MOUSSLY, SOUHEIL M.D. MOUSSLY, SOUHEIL Name Name

3890 TURTLE CREEK DR. SUITE C 3890 TURTLE CREEK DR. Address Address

SUITE C City-State-Zip: PORT ORANGE FL 32129

City-State-Zip: PORT ORANGE FL 32129

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.

**FILED** Jan 29, 2016

**Secretary of State** 

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