

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000031978

**Entity Name:** ABRAHAM CHAMELY, M.D., P.A.

**Current Principal Place of Business:**

6574 N. STATE ROAD 7, PMB 106  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6574 N. STATE ROAD 7, PMB 106  
COCONUT CREEK, FL 33073 US

**FEI Number:** 65-0573361

**Certificate of Status Desired:** No

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

CHAMELY, ABRAHAM  
4070 NW 83RD LANE  
CORAL SPRINGS, FL 33065 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/D  
Name CHAMELY, ABRAHAM  
Address 4070 NW 83RD LANE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** ABRAHAM CHAMELY M.D.

PD

03/12/2013

Electronic Signature of Signing Officer/Director Detail

Date