Current Mai	ling Address:			
2119 OAK S JACKSONV	TREET ILLE, FL 32204			
FEI Number: 59-3417371			Certificate of Status Desired: No	
Name and A	Address of Current Registered A	gent:		
BARAKAT, BJ 2119 OAK STR JACKSONVILL	EET E, FL 32204 US			
The above name	d entity submits this statement for the purpose of	f changing its registered office or regis	tered agent, or both, in the State of F	lorida.
SIGNATURE: BARAKAT BJ				
SIGNATURE	E: BARAKAT BJ			04/28/2015
SIGNATURE	E: BARAKAT BJ Electronic Signature of Registered Age	nt		04/28/2015 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Age	nt		
	Electronic Signature of Registered Age	ent Title	DR	
Officer/Dire	Electronic Signature of Registered Age		DR BARAKAT, MIRNA	
Officer/Dire Title	Electronic Signature of Registered Age ctor Detail : DR.	Title		
Officer/Dire Title Name	Electronic Signature of Registered Age ctor Detail : DR. BARAKAT, BSHARA 2119 OAK ST	Title Name	BARAKAT, MIRNA 8188 WEKIVA WAY	
Officer/Dire Title Name Address	Electronic Signature of Registered Age ctor Detail : DR. BARAKAT, BSHARA 2119 OAK ST	Title Name Address	BARAKAT, MIRNA 8188 WEKIVA WAY	
Officer/Dire Title Name Address	Electronic Signature of Registered Age ctor Detail : DR. BARAKAT, BSHARA 2119 OAK ST	Title Name Address	BARAKAT, MIRNA 8188 WEKIVA WAY	

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: BSHARA BARAKAT

PRESIDENT

04/28/2015

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103801

Entity Name: BSHARA BARAKAT M.D. P.A.

Current Principal Place of Business:

2119 OAK STREET JACKSONVILLE, FL 32204

FILED Apr 28, 2015 Secretary of State CC9448529312

Electronic Signature of Signing Officer/Director Detail