

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V00980

**Entity Name:** M. ATFEH, M.D., P.A.

**Current Principal Place of Business:**

11373 CORTEZ BLVD.  
SUITE 307  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

11373 CORTEZ BLVD.  
SUITE 307  
BROOKSVILLE, FL 34613

**FEI Number:** 59-3096688

**Certificate of Status Desired:** No

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

JACQUELYN R, CAMPBELL  
7211 HIAWATHA PARKWAY  
SPRING HILL, FL 34606 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 ATFEH, MOWAFFAK MD  
Address 11373 CORTEZ BLVD., #307  
City-State-Zip: BROOKSVILLE FL 34613

*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:** MOWAFFAK ATFEH

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date