

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-31-2007 90047 033 ***150.00

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1. Entity Name
NAGUI N. KHOUZAM, M.D., P.A.



Principal Place of Business
54 EAST PLANT STREET
WINTER GARDEN, FL 34787

Mailing Address
54 EAST PLANT STREET
WINTER GARDEN, FL 34787



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1593669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHOUZAM, NAGUI N
54 EAST PLANT STREET
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEB 18 \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	KHOUZAM, NAGUI N
STREET ADDRESS	54 EAST PLANT STREET
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nagui N. Khouzam

1/11/07

Date

(407) 656-4549

Daytime Phone #