

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **657467** (7)

1. Corporation Name
NASIR KHALIDI & SAKINA KHALIDI, M.D., P.A.

95 JAN 24 AM 10: 24

Principal Place of Business: **2595 HARBOR BLVD #206 P.O. BOX 4090 PT CHARLOTTE FL 33949-1090**
Mailing Address: **2595 HARBOR BLVD #206 P.O. BOX 4090 PT CHARLOTTE FL 33949-1090**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/28/1980**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc.
2a. Mailing Address (26) Suite, Apt. #, etc.

4. FEI Number: **59-1998427**
Applied For: Not Applicable

22 City & State
27 City & State

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

23 Zip Country
28 Zip Country

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip Country
25 Country
29 Zip Country
30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASIR KHALIDI
2595 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **KHALIDI, NASIR**
STREET ADDRESS: **2595 HARBOR BLVD #206**
CITY - ST - ZIP: **PORT CHARLOTTE FL**

TITLE: **D**
NAME: **KHALIDI, SAKINA**
STREET ADDRESS: **2595 HARBOR BLVD #206**
CITY - ST - ZIP: **PORT CHARLOTTE FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Khalidi **N. KHALIDI** 1-16-95 8136292111

Date Daytime Phone #