

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 657467 (7)

1. Corporation Name

NASIR KHALIDI & SAKINA KHALIDI, M.D., P.A.

Principal Place of Business

Mailing Address

2595 HARBOR BLVD #206
P.O. BOX 4090
PT CHARLOTTE FL 33949-1090

2595 HARBOR BLVD #206
P.O. BOX 4090
PT CHARLOTTE FL 33949-1090



2. Principal Place of Business

2a. Mailing Address

21 2595 HARBOR BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 206

27

City & State

City & State

23 PORT CHARLOTTE FLA

28

Zip

Country

Zip

Country

24 33949-4090

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1980

3a. Date of Last Report

01/24/1995

4. FLL Number

59-1998427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

FL

85 Zip Code

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

Nasir Khalidi

NASIR KHALIDI

01-12-96

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

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(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 the 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 on an attachment with an address.

SIGNATURE:

Nasir Khalidi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NASIR KHALIDI

1-12-96

941-629-2111

(DATE)

(PHONE)

CR2E034 (12/95)