

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2001 08:00 AM
Secretary of State

DOCUMENT # 657467

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

Principal Place of Business 2595 HARBOR BLVD SUITE 206 PORT CHARLOTTE 339491090	FL	Mailing Address P.O. BOX 4090 PT CHARLOTTE 339491090	FL
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2. Principal Place of Business 2595 HARBOR BLVD	3. Mailing Address P.O. BOX 4090
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Suite, Apt. #, etc. SUITE 206	Suite, Apt. #, etc.
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City & State PORT CHARLOTTE FL	City & State PT CHARLOTTE FL
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Zip 339494090	Country US	Zip 339494090	Country
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4. FEI Number 59-1998427	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NASIR KHALIDI
2595 HARBOR BLVD.

PORT CHARLOTTE FL
33952 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE **01/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALIDI, SAKINA <input type="checkbox"/> Delete 2595 HARBOR BLVD #206 PORT CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALIDI, NASIR <input type="checkbox"/> Delete 2595 HARBOR BLVD #206 PORT CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALIDI, SAKINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2595 HARBOR BLVD #206 PORT CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALIDI, NASIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2595 HARBOR BLVD #206 PORT CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nasir Khalidi **PD** 01/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)