## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 657467** 

FILED Mar 05, 2004 Secretary of State

Entity Name: NASIR KHALIDL & SAKINA KHALIDL M.D. P.A.

Current P	rincipal Place	of Busir	ness:	New Principal Plac	e of Business:
2595 HAR SUITE 206	BOR BLVD				
PORT CH	ARLOTTE, FL	33952	US		
Current N	lailing Addres	ss:		New Mailing Addre	ss:
SUITE 206	BOR BLVD S LOTTE, FL 33	952			
FEI Number	: 59-1998427	FEI Num	nber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current R	egistered Agent:	Name and Address	of New Registered Agent:
	BOR BLVD. ARLOTTE, FL				
The above in the State	named entity e of Florida.		US  nis statement for the	purpose of changing its register	red office or registered agent, or both
The above	named entity e of Florida. RE:	submits th	nis statement for the		
The above in the State SIGNATU	named entity e of Florida. RE: Electror	submits th			red office or registered agent, or both  Date
The above in the State SIGNATUI	named entity e of Florida. RE: Electror	submits th nic Signati g Trust Fur	nis statement for the ure of Registered A્	gent	
The above in the State SIGNATUI	e named entity e of Florida.  RE: Electror mpaign Financin S AND DIREC	submits the submits the signation of the signation of the signature of the	nis statement for the ure of Registered Ag nd Contribution ( ).	gent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NASIR KHALIDI PD 03/05/2004