

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657467

FILED
Jan 06, 2008
Secretary of State

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

Current Principal Place of Business:

3420 TAMIAMI TRAIL
SUITE 3
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 496420
PT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 59-1998427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASIR KHALIDI
3420 TAMIAMI TRAIL
SUITE 3
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHALIDI, NASIR,
Address: 3420 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KHALIDI, SAKINA,
Address: 2400 HARBOR BLVD SUITE 17
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date