

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 657467

FILED
Jan 06, 2003
Secretary of State

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

Current Principal Place of Business:

2595 HARBOR BLVD
SUITE 206
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 496420
PT CHARLOTTE, FL 339496420

New Mailing Address:

2595 HARBOR BLVD
SUITE 206
PT CHARLOTTE, FL 33952

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
2595 HARBOR BLVD.
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: 2595 HARBOR BLVD #206
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KHALIDI, SAKINA,
Address: 2595 HARBOR BLVD #206
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 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

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date