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PROFIT CORPORATION ANNUAL REPORT



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

DOCUM	996	1500	DIVISION OF	CORPORA	TIONS						
1. Corporation I		347	(3)								
NASIR	DIN H. MADHANY, M.D.,	P.A.									
Principal Place o	of Business	 Ma	iling Address								
9430 TURKE	Y LAKE ROAD #108		9430 TURKEY LAKE R	OAD #108							
ORLANDO FI			ORLANDO FL 32819								
							 Date Incorporated or Qu 08/03/1983 	a'ified	3a. Dat	e of Last R	•
2. Principal Plac	ce of Business	2a.	Mailing Address			+	4, FEI Number		l	04/21/19	Applied For
1		26	********************************				59-2316286				Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Des	ired			Additional Required
City & State			City & State				6. Election Campaign Finar	neing	_		O May Be
3		28					Trust Fund Contribution				d to Fees
Zip 4	Country 25	29	Zιρ	Cour	itry		 This corporation has liab Florida Statutes 	ility for in 🔼 Yes		ax under s	199.032,
<u> </u>	9. Name and Address of Curre		ered Agent	130			10. Name and Address of	·		Agent	
					81 Name						
	NY, NASIRDIN H.				82 Street A	Address	(P.O. Box Number is Not A	cceptable	0)		
	JRKEY LAKE ROAD #108 DO FL 32819			-	83	****					
ONDANI	JU FL 32018									[] 7	
				-	84 City				Fl	_ 85 Z	ρ Code
					1						
11. Pursuant to or registere	the provisions of Sections 607.050 diagent, or both, in the State of Fk:	02 and 607 orida. Such	7.1508, Florida Statute change was authorze	s, the aboved by the or	L /e-named co orporation's	orporation board c	on submits this statement for of directors. Thereby accept t	the purp	oose of ch	nanging its r	registered office
or registere familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Fk. n, and accept the obligations of, Se	əridə. Such	change was authorze	s, the aboved by the co	 ve-named co orporation's	orporatio board c	on submits this statement for of directors. I hereby accept t	the purp	oose of ch	nanging its r s registered	registered office I agent. I am
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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 trusted 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: &

SIGNATURE AND TYPED OR PRINTED NAME O

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

467-352-8188

R2E034 (12/95)