

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G60863** (9)

1. Corporation Name

**DR. JAMAL A. FAKHOURY, D.C., P.A.**

**FILED**  
**Apr 10, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

**C/O JAMAL FAKHOURY  
1021 SW 17TH ST  
OCALA FL 34474  
US**

**C/O JAMAL FAKHOURY  
1021 SW 17TH ST  
OCALA FL 34474  
US**

3. Date Incorporated or Qualified

**09/23/1983**

3a. Date of Last Report

**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAKHOURY, JAMAL  
1021 S.W. 17TH ST.  
OCALA FL 34474**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent's signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
FAKHOURY, JAMAL A.  
2418 SE 15TH ST.  
OCALA FL**

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

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4.1 TITLE

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5.1 TITLE

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