

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J38902** (9)
1. Corporation Name
NASIR ALARAKHIA, M.D., P.A.



Principal Place of Business Mailing Address
% NASIR ALARAKHIA
6388 SILVER STAR ROAD, SUITE 2B
ORLANDO FL 32818

3. Date Incorporated or Qualified **10/22/1986** 3a. Date of Last Report **03/20/1996**
4. FEI Number **59-2748491** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **9430 Turkey Lake Road** 26. **9430 Turkey Lake Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **Suite 206** 27. **Suite 206**
City & State City & State
23. **Orlando, FL** 28. **Orlando, FL**
Zip Country Zip Country
24. **32819** 25. **USA** 29. **32819** 30. **USA**

9. Name and Address of Current Registered Agent
ALARAKHIA, NASIR
6388 SILVER STAR ROAD
SUITE 2B
ORLANDO FL 32818

10. Name and Address of New Registered Agent
81 Name **Alarakhia, Nasir**
82 Street Address (P.O. Box Number is Not Acceptable)
9430 Turkey Lake Road
83 **Suite 206**
84 City **Orlando** 85 Zip Code **FL 32819**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD <input type="checkbox"/> DELETE	1.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALARAKHIA, NASIR	1.2 NAME	Alarakhia, Nasir
STREET ADDRESS	6388 SILVER STAR ROAD	1.3 STREET ADDRESS	5201 Timberview Terr
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished 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. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **3/9/97** 407 345 0988
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)