

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48842

FILED
Mar 10, 2006
Secretary of State

Entity Name: NORTH FLORIDA MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4131 S UNIVERSITY BLVD
SUITE 6
JACKSONVILLE, FL 32216 US

Current Mailing Address:

4131 S UNIVERSITY BLVD
BLDG 6
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

4131 S UNIVERSITY BLVD
SUITE 8
JACKSONVILLE, FL 32216 US

New Mailing Address:

4131 S UNIVERSITY BLVD
BLDG 8
JACKSONVILLE, FL 32216 US

FEI Number: 59-2915849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIKALI, ELIAS, M.D.
4131 UNIVERSITY BLVD. S.
BLDG. 6
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

THE FARAH LAW FIRM, P.A.
8823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 US

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: JAMES E. FARAH, ESQ.

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: SAIKALI, ELIAS, M.D.,
Address: 7948 VINEYARD LAKE RD N
City-St-Zip: JACKSONVILLE, FL 322561478

Title: VPSD () Delete
Name: SAIKALI, RANIA K
Address: 7948 VINEYARD LAKE RD N
City-St-Zip: JACKSONVILLE, FL 322561478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: SAIKALI, RANIA K
Address: 7948 VINEYARD LAKE RD N
City-St-Zip: JACKSONVILLE, FL 322561478

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIAS N. SAIKALI /JEF

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03/10/2006

Electronic Signature of Signing Officer or Director

Date