

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48842

FILED
Apr 28, 2009
Secretary of State

Entity Name: NORTH FLORIDA MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4131 S UNIVERSITY BLVD
BLDG 8
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4131 S UNIVERSITY BLVD
BLDG 8
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2915849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FARAH LAW FIRM, P.A.
3060 MERCURY ROAD
101
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

THE FARAH LAW FIRM, P.A.
1506 PRUDENTIAL DRIVE
SECOND FLOOR
JACKSONVILLE, FL 32207 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: SAIKALI, ELIAS, M.D.
Address: 4131 UNIVERSITY BOULEVARD, #8
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VPSD () Delete
Name: SAIKALI, RANIA K
Address: 4131 UNIVERSITY BOULEVARD, #8
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SAIKALI, ELIAS, M.D.
Address: 4131 S. UNIVERSITY BOULEVARD, #8
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VPSD (X) Change () Addition
Name: SAIKALI, RANIA K
Address: 4131 S. UNIVERSITY BOULEVARD, #8
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify 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 SAIKALI/JEF

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date