

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48842

FILED
Mar 06, 2010
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.
1506 PRUDENTIAL DRIVE
SECOND FLOOR
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

THE FARAH LAW FIRM, P.A.
1506 PRUDENTIAL DRIVE
2ND 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:

03/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELIAS N. SAIKALI, /JEF

P

03/06/2010

Electronic Signature of Signing Officer or Director

Date