

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99960

FILED
Jul 02, 2004
Secretary of State

Entity Name: BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A.

Current Principal Place of Business:

6100 KENNERLY RD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6100 KENNERLY RD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2963349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C.
ONE INDEPENDENT SQUARE
STE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAHRI, FADY M D,
Address: 6100 KENNERLY RD.
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: BAHRI, GEORGES,
Address: 6100 KENNERLY RD.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGES BAHRI

DV

07/02/2004

Electronic Signature of Signing Officer or Director

Date