

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # K99960 1. Entity Name BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A.	
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Principal Place of Business 6100 KENNERLY RD. JACKSONVILLE, FL 32216	Mailing Address 6100 KENNERLY RD. JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

	
01082008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2963349	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AKEL, EDWARD C. ONE INDEPENDENT SQUARE STE 2301 JACKSONVILLE, FL 32202
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8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000933731 05/23/08-80004-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAHRI, FADY M D 6100 KENNERLY RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAHRI, GEORGES 6100 KENNERLY RD. JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____
Daytime Phone # _____