

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99960

**FILED**  
**Apr 25, 2011**  
**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:**

6100 KENNERLY RD.  
101  
JACKSONVILLE, FL 32216

**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

**OFFICERS AND DIRECTORS:**

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

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

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: GEORGES EL-BAHRI

OWNE

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date