

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # L38639

1. Entity Name
KHAL ABOUDAN, M.D., P.A.



Principal Place of Business
**BAPTIST MEDICAL CENTER
JACKSONVILLE, FL 32207 US**

Mailing Address
**8455 STABLES RD
JACKSONVILLE, FL 32256 US**



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2985790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABOUDAN, KHAL, M.D.
8455 STABLES ROAD
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000045034
02/11/04 00047 007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABOUDAN, KHAL
8455 STABLES ROAD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

2-9-02

904-645-8721

Date

Daytime Phone #