2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L38639

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

Principal Place of Business	Mailing Address
BAPTIST MEDICAL CENTER JACKSONVILLE, FL 32207 US	8455 STABLES RD JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2985790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $30.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
STREET ADDRESS	8455 STABLES ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32
TITLE	
NAME	
CITY-ST-ZIP	
TITLE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
CITY-ST-ZIP	
TITLE	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
CITY-ST-ZIP	

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02/04/05-00033-008 150.00

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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 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: Khal Aboudan 2.2.05 904645-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #