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Secretary of State
02-25-2004 90011 048 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54010353

DOCUMENT # N03000000920

1. Entity Name
NATIONAL ARAB AMERICAN MEDICAL ASSOCIATION-CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
~~7670 DEBEAUBIEN DRIVE~~ ~~ORLANDO, FL 32835~~	~~7670 DEBEAUBIEN DRIVE~~ ~~ORLANDO, FL 32835~~

2. Principal Place of Business	3. Mailing Address
10000 W. COLONIAL DR	10000 W. COLONIAL DR
Suite, Apt. #, etc. SUITE 285	Suite, Apt. #, etc. SUITE 285
City & State OCOEE, FL	City & State OCOEE, FL
Zip / Country 34761	Zip / Country 34761

02052004 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2096609
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HELBAOUI AMER M.D.~~ ~~7670 DEBEAUBIEN DRIVE~~ ~~ORLANDO, FL 32835~~	Name: NABIL HILWA, MD Street Address (P.O. Box Number is Not Acceptable): 10000 W. COLONIAL DR, SUITE 285 City: OCOEE **FL** Zip Code: 34761

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 2/19/04
Signature, typed or printed name of registered agent and the date as applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELBAOUI, AMER M.D. 7670 DEBEAUBIEN DRIVE ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILWA, NABIL DR. 10000 W. COLONIAL STE. 285 OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILAL, TALAL D R. 1101 MAITLAND AVE. MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: _____ 2/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #