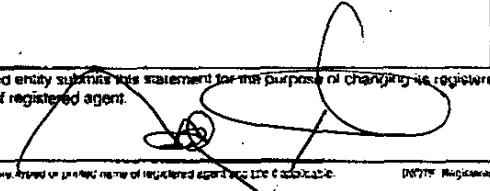
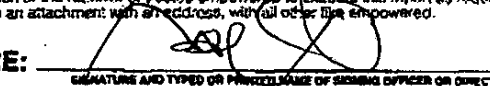


FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90011 048 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000000920			
1. Entity Name NATIONAL ARAB AMERICAN MEDICAL ASSOCIATION-CENTRAL FLORIDA CHAPTER, INC.			
Principal Place of Business 7670 DEBEAUBIEN DRIVE ORLANDO, FL 32835		Mailing Address 7670 DEBEAUBIEN DRIVE ORLANDO, FL 32835	
2. Principal Place of Business 10000 W. COLONIAL DR		3. Mailing Address 10000 W. COLONIAL DR	
Suite, Apt. #, etc. SUITE 285		Suite, Apt. #, etc. SUITE 285	
City & State OCOE, FL		City & State OCOE, FL	
Zip 34761		Zip 34761	
Country		Country	
4. FEI Number 54-2096609		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02052004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HELBAOUI, AMER M.D. 7670 DEBEAUBIEN DRIVE ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name NABIL HILWA, MD Street Address (P.O. Box Number is Not Acceptable) 10000 W. COLONIAL DR, SUITE 285 City OCOE, 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			
Filing Fee is \$81.25 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 OCOE, 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
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 or authorized 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 full power to be empowered.			
SIGNATURE:  DATE 2/19/04		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	