

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000920

FILED
Mar 17, 2005
Secretary of State

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

Current Principal Place of Business:

10000 W. COLONIAL DR
STE 285
OCOOE, FL 34761

New Principal Place of Business:

7300 SANDLAKE COMMONS BLVD
STE 112-A
ORLANDO, FL 32819

Current Mailing Address:

10000 W. COLONIAL DR
STE 285
OCOOE, FL 34761

New Mailing Address:

7300 SANDLAKE COMMONS BLVD
STE 112-A
ORLANDO, FL 32819

FEI Number: 54-2096609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILWA, NABIL MD
10000 W. COLONIAL DR
STE 285
OCOOE, FL 34761 US

Name and Address of New Registered Agent:

ZIKRA, MAHA MD
7300 SANDLAKE COMMONS BLVD
STE 112-A
ORLANDO, FL 32819 US

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: MAHA ZIKRA

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILWA, NABIL DR.
Address: 10000 W. COLONIAL STE. 285
City-St-Zip: OCOOE, FL 34761

Title: D () Delete
Name: HILAL, TALAL D R.
Address: 1101 MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZIKRA, MAHA DR.
Address: 7300 SANDLAKE COMMONS BLVD,STE#112-A
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: DAHAN, CHAKER D R.
Address: 9311 WESTOVER CLUB CIR
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHA ZIKRA

D

03/17/2005

Electronic Signature of Signing Officer or Director

Date