

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000920

FILED  
Jan 06, 2006  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 54-2096609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (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 Chapter 119, 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: 1960

P

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date