

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000920

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

10000 W HWY 50
SUITE #285
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

10000 W HWY 50
SUITE#285
OCOE, FL 34761

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:

HILWA, NABIL MD
10000 W HWY 50
SUITE #285
OCOE, FL 34761 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: P () Delete
Name: DAHAN, CHAKER DR.
Address: 9311 WESTOVER CLUB CIR
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: HILWA, NABIL MD
Address: 10000 W HWY 50 SUITE#285
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAOUL, HILAL DR.
Address: 1101 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32752

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NABIL HILWA

T

02/16/2009

Electronic Signature of Signing Officer or Director

Date