

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**

07 DEC 31 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N06000006544</b>		
1. Entity Name JACKSONVILLE PHYSICIANS FOR AFGHAN MEDICAL RELIEF, INC.		

Principal Place of Business 9838 OLD BAYMEADOWS ROAD #124 JACKSONVILLE, FL 32256	Mailing Address 9838 OLD BAYMEADOWS ROAD #124 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12262007 REIN-NP CR2E099 (1/07)

4. FEI Number 14-1968651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOJADIDI, ASADULLAH 9838 OLD BAYMEADOWS ROAD, #124 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *A. Mojadidi* Register agent DATE 12/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTC MOJADIDI, ASADULLAH <del>8552 ROYAL WOOD DR</del> JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOJADIDI, ASADULLAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9838-OLD BAYMEADOWS RD., STE. 124 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SAYAR, GEORGE Y <del>318 OLEANDER ST</del> NEPTUNE BCH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SAYAR, GEORGE Y <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOJADIDI, NAJIBULLAH <del>8552 ROYAL WOOD DR</del> JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOJADIDI, NAJIBULLAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9838-OLD BAYMEADOWS RD., STE 124 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUARGHAH, THEODORE-UR R 12813 DOGWOOD HILLS LN FAIRFAX, VA 22033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETTEDGUI, JOSE A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1443 SAN MARCO BLVD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINGARD, THEODORE 3599 UNIVERSITY BLVD S STE 602 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENRY, WILLIAM A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2531 EAGLE BAY DRIVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A. Mojadidi* A. Mojadidi President DATE 12/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 891-8254