2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# N06000006544

Entity Name: JACKSONVILLE PHYSICIANS FOR AFGHAN MEDICAL RELIEF, INC.

Current Principal Place of Business:

9838 OLD BAYMEADOWS ROAD #124
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD #124
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 14-1968651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOJADIDI, ASADULLAH
9838 OLD BAYMEADOWS ROAD, #124
JACKSONVILLE, FL 32256 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:	PTCE	( ) Delete
Name:	MOJADIDI, ASADULLAH	
Address:	9838 OLD BAYMEADOW RD,STE 124	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	TTCF	( ) Delete
Name:	SAYAR, GEORGE Y	
Address:	550 PHILLIPS HIGHWAY	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	MOJADIDI, NAJIBULLAH	
Address:	MINISTRY OF PUBLIC HEALTH	
City-St-Zip:	KABUL, AFGHANISTAN,	
Title:	T	( ) Delete
Name:	QUARGHAH, AZIZ-UR-RAHMAN	
Address:	12813 DOGWOOD HILLS LN	
City-St-Zip:	FAIRFAX, VA 22033	
Title:	T	( ) Delete
Name:	WINGARD, THEODORE	
Address:	3599 UNIVERSITY BLVD S STE 602	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	T	( ) Delete
Name:	ETTEDGUI, JOSE A	
Address:	1443 SAN MARCO BLVD	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ASADULLAH MOJADIDI P 07/24/2008

Electronic Signature of Signing Officer or Director — Date