

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006544

FILED  
Jan 20, 2009  
Secretary of State

**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 ( )**

**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: ASAD MOJADIDI

PTCE

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date