

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09616

**FILED**  
**Jul 06, 2004**  
**Secretary of State****Entity Name:** INSTITUTE OF ISLAMIC MEDICINE FOR EDUCATION AND RESEARCH, INC.**Current Principal Place of Business:**6166 LEESBURG PIKE  
D-414  
FALLS CHURCH, VA 22044 US**New Principal Place of Business:**46319 STRATTON TERRACE  
102  
STERLING, VA 20165 US**Current Mailing Address:**6166 LEESBURG PIKE  
D-414  
FALLS CHURCH, VA 22044 US**New Mailing Address:**46319 STRATTON TERRACE  
102  
STERLING, VA 20165 US**FEI Number:** 59-3034544**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KAVALI, OSAMA CPA  
7628 N. 56TH STREET, SUITE 2  
TAMPA, FL 33617 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:** PDT ( ) Delete  
**Name:** MOSTAFA, ABDEL MONEM,  
**Address:** 6166 LEESBURG PIKE  
**City-St-Zip:** FALLS CHURCH, VA 22044 US**Title:** SD ( ) Delete  
**Name:** ELKADI, IMAN  
**Address:** 6166 LEESBURG PIKE  
**City-St-Zip:** FALLS CHURCH, VA 22044 US**Title:** D ( ) Delete  
**Name:** EL-MENSHAWI, ALI DR  
**Address:** 12084 LAKE CYPRESS CIRCLE, #J-203  
**City-St-Zip:** ORLANDO, FL 32828**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDT (X) Change ( ) Addition  
**Name:** MOSTAFA, ABDEL MONEM,  
**Address:** 46319 STRATTON TERRACE, #102  
**City-St-Zip:** STERLING, VA 20165 US**Title:** SD (X) Change ( ) Addition  
**Name:** ELKADI, IMAN  
**Address:** 20453 CHESAPEAKE SQUARE, # 103  
**City-St-Zip:** STERLING, VA 20165 US**Title:** D (X) Change ( ) Addition  
**Name:** EL-MENSHAWI, ALI DR  
**Address:** 2749 RAINBOW SPRINGS LANE  
**City-St-Zip:** ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IMAN A. ELKADI

SD

07/06/2004

Electronic Signature of Signing Officer or Director

Date