

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09616

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** INSTITUTE OF ISLAMIC MEDICINE FOR EDUCATION AND RESEARCH, INC.

**Current Principal Place of Business:**

46319 STRATTON TERRACE  
102  
STERLING, VA 20165 US

**New Principal Place of Business:**

**Current Mailing Address:**

46319 STRATTON TERRACE  
102  
STERLING, VA 20165 US

**New Mailing Address:**

**FEI Number:** 59-3034544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAYALI, OSAMA CPA  
7628 N. 56TH STREET, SUITE 2  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

KAYALI, OSAMA CPA  
8064 N. 56TH STREET, SUITE 2  
TAMPA, FL 33617 US

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: \_\_\_\_\_

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: MOSTAFA, ABDEL MONEM,  
Address: 46319 STRATTON TERRACE, #102  
City-St-Zip: STERLING, VA 20165 US

Title: SD ( ) Delete  
Name: ELKADI, IMAN  
Address: 20453 CHESAPEAKE SQUARE, # 103  
City-St-Zip: STERLING, VA 20165 US

Title: D ( ) Delete  
Name: EL-MENSHAWI, ALI DR  
Address: 2749 RAINBOW SPRINGS LANE  
City-St-Zip: ORLANDO, FL 32828 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: ELKADI, IMAN  
Address: 6938 GREENHILL PLACE  
City-St-Zip: TAMPA, FL 33617 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: IMAN ELKADI

SD

04/28/2006

Electronic Signature of Signing Officer or Director

Date