

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PERMITTEE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:39

DOCUMENT # N14044

(4)

1. Corporation Name

FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

DR. BAROUDI
2885 TAMAMI TRAIL
PORT CHARLOTTE FL 33952

DR. BAROUDI
2885 TAMAMI TRAIL
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/26/1986

04/20/1994

4. FEI Number

Applied For

59-1365533

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAROUDI, ISSA F.
2885 TAMAMI TRAIL
PORT CHARLOTTE FL 33452

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

BAROUDI, ISSA F.

STREET ADDRESS

2885 TAMAMI TRAIL

CITY - ST - ZIP

PORT CHARLOTTE FL

TITLE

D

NAME

JARRAH, MAMOON

STREET ADDRESS

2885 TAMAMI TRAIL

CITY - ST - ZIP

PORT CHARLOTTE FL

TITLE

D

NAME

HABAL, MUTAZ

STREET ADDRESS

4211 CARROLLWOOD VLG. DR

CITY - ST - ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #