
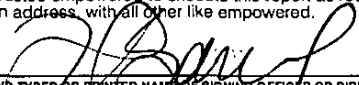


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 040 ****61.25

DOCUMENT # N14044 1. Entity Name FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATION, INCORPORATED					
Principal Place of Business DR. BAROUDT 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address DR. BAROUDT 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1365533	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAROUDI, ISSA F. 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33452			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAROUDI, ISSA F.		NAME		
STREET ADDRESS	3222 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRAH, MAMOON		NAME		
STREET ADDRESS	2885 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AL-KHATIB, TAREQ		NAME		
STREET ADDRESS	2862 TAMiami TRAIL #5		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 					
Date 2/14/05 Daytime Phone #					

50015811



01272005 Chg-NP CR2E037 (10/03)