
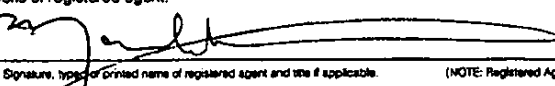
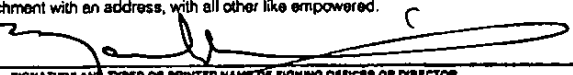


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14044			
1. Entity Name FLORIDA CHAPTER, ARAB AMERICAN MEDICAL ASSOCIATION, INCORPORATED			
Principal Place of Business DR. BAROUDI 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33952		Mailing Address DR. BAROUDI 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # NATHALAH AMER. MED ASSOC. 801 S. Adams Rd Suite, Apt. #, etc. 801 S. Adams Rd Ste 208		3. Mailing Address 801 S. Adams Rd Suite, Apt. #, etc. #208	
City & State Birmingham Michigan		City & State Birmingham MI	
Zip 48009		Country USA	
4. FEI Number 59-1365533		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAROUDI, ISSA F. 3222 TAMiami TRAIL PORT CHARLOTTE, FL 33452			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  DATE 4/23/08 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME BAROUDI, ISSA F. STREET ADDRESS 3222 TAMiami TRAIL CITY-ST-ZIP PORT CHARLOTTE, FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME JARRAH, MAMOON STREET ADDRESS 2885 TAMiami TRAIL CITY-ST-ZIP PORT CHARLOTTE, FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME AL-KHATIB, TAREQ STREET ADDRESS 2862 TAMiami TRAIL #5 CITY-ST-ZIP PORT CHARLOTTE, FL		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/22/08 248-646-3661 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Daytime Phone #			