


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P02000080390  
1. Entity Name  
NIDAL MASRI, M.D., P.A.



Principal Place of Business      Mailing Address  
1060 KANE CONCOURSE      1060 KANE CONCOURSE  
BAY HARBOUR ISLAND, FL 33154 US      BAY HARBOUR ISLAND, FL 33154 US

**DO NOT WRITE IN THIS SPACE**



04072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
27-0023522      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 802  
PALM BEACH GARDENS, FL 33410

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MASRI, NIDAL M.D.
STREET ADDRESS	1060 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000526622  
05/04/06-80079-018 150.00

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 607, 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: Masri      Date: 4/21/06      Daytime Phone #: 305 865 7866