

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90030 037 ***158.75

DOCUMENT # P94000001031

1. Corporation Name
SAMIR S. NAJJAR, M.D., P.A.

Principal Place of Business
2140 KINGSLEY AVENUE
SUITE 11
ORANGE PARK FL 32067

Mailing Address
P. O. BOX 2489
ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

4. FEI Number

59-3213518

Applied For
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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAJJAR, BASSEM
2140 KINGSLEY AVE
SUITE 11
ORANGE PARK FL 32067

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Bassem Najjar

Bassem Najjar

1-8-99

DATE

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

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

1.1 TITLE

D

☐ DELETE

1.2 STREET ADDRESS

NAJJAR, SAMIR S
2140 KINGSLEY AVE SUITE 11
ORANGE PARK FL 32067

1.3 CITY-ST-ZIP

1.4 TITLE

VP

☐ DELETE

1.5 STREET ADDRESS

NAJJAR, LEE
3151 MAPLES DR NE
ATLANTA GA

1.6 CITY-ST-ZIP

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY-ST-ZIP

1.10 TITLE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY-ST-ZIP

1.14 TITLE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY-ST-ZIP

1.18 TITLE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bassem Najjar

1-8-99

Date

904-218-9560

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR