- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SCIN TAIT OF STATE 1. Corporation Name Samir S. Najjar, M.D., P.A. 2. Principal Office Address - No F.C. Box # 120 OS Couth Pine Island Road		ORPORAT INSTATEM			•	DA DEPAR Secretary DIVISION OF C	y of S		1	FIL 09 MAR 10	AM 8: 2		
2. Principal Office Address - No P.O. Box # 1200 South Pine Island Road	1. Corp	oration Name							T i	ALLAHASSEI	UF STATI E, FLORID	Ä	
2. Protopal office Address - No P.O. Box # 1200 South Pine Island Road 3. Mating Office Address 4475 River Green Parkway Suite, Apt. #, etc. #100 City & State Plantation, FL Dukuth, GA The Destinate in Pinds General Pinds T. Hame and Address of Current Registered Agent Name CT Corporation Size Agriculture (P.O. Box Namber is Not Acceptable) Suite, Apt. #, etc. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be welved. By Institute of Registered Agent Multistration appropriate with and accept the obligations of escotion 807,856 or 617,863, F.S. Marie Edwards Asst. Scoretary Date 3 1 3 9 9 Names and Street Addresses of Each Officer worker Director (Pinds nonprofit corporation amounts and its and asset 3 directors) Titles Officer and/or Directors Officer and/or Directors or fleedor or the receiver or trustee empowered to escentia this application, as provided for in chepter 607 or 617, F.S. its/ther coulty stat when fling this structure and country, and my signature shall have the same legal effect as if meds under ord. 10. I certify that I am an officer or director or trustee empowered to escent bits requirement of section 807,001 of 917,001 if F.S. that the entity of the pr	Sa	mir S. N	ajjar,	M.D., P.	A.			•	71	00145	4184	47	
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Signature of Registered Agent Marie Edwards Asst. Secretary Registered Agent Must sign 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Directors Name of Each Officer and/or Directors O		tion				Į į	State	Zip Code 33324	•				
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