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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075053 (5)								
MAHMOUD A. NIMER, M.D., P.A.								
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Principal Place of Business Mailing Address								E LEGITARAT HAR IRRARA DOLLI ODLIH ODDIH ORBID ROLDA SEBOL DILLA ODTOE BARBO DIRA LODI
14540 CORTEZ BLVD. 14540 CORTEZ BLVD.								
SUITE 120				SUITE 120				DO NOT WIDITE IN THIS CRACE
BROOKSVILLE FL 34613 BRO				BROOKSVILLE FL 34613				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
								09/28/1995
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For
21				26				<b>59-3335675</b> Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22				27				5. Certificate of status Desired L. Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
l Zip	Country Zip		<del>-</del>	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	25 29 30  9. Name and Address of Current Registered Agent							Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
						81	Name	IV. Harris and Madress of Hell Hellings and Madress
NIMER, MAHOUD A								
14540 CORTEZ BLVD. SUITE 120						82 Street Address (P.O. Box Number is Not Acceptable)		
BROOKSVILLE FL 34613						83		
Bhookaville FL 34013							00	leel 7:- Oode
					į	84	'	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 reg 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 regis								
office or registered agent, or beth, 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								
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registere						1 Age	ent signature red	quired when reinstating) DATE
12.	D	*OFFICERS A	ND DIREC	DELETE	13.	r) C		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1.1 TITLE 1.2 NAME			÷
STREET ADDRESS	ALEXA CONTENT OLLO CLUTE IAA					1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PROOKONILE EL AJOJA						ST-ZIP	
TITLE	STOCKSTREET I COTOTO			DELETE	2,1 TIT		31-211	Change Addition
NAME				_	2.2 NAM			
STREET ADDRESS	FSS			2.35		REET	ADDRESS	
CITY-ST-ZIP	PIP				# 2.4 CITY		ST-21P	and the second s
TITLE	DELETE 3:		3.1 TIT	LE		☐ Change ☐ Addition		
NAME				3.21		ME	1	
STREET ADDRESS	REET ADDRESS			3.3 \$		REET	ADORESS	
CITY-ST-ZIP	CITY-ST-ZIP			3.4. CITY - ST - ZIP			ST-ZIP	
TITLE				DELETE	4.1 717	4.1 TITLE		Change Addition
NAME					4. 2 N	AME		
STREET ADDRESS					4.3 ST	REET	ADDRESS	
CITY-ST-ZIP					4.4 CI		ST-ZIP	Observe Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition		
NAME					5.2 NA			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				_		ST- ZIP	☐ Change ☐ Addition	
TITLE				ויין טנגנונ	6.1 TIT			Change C Addition
NAME DESCRIPTION					6.2 NA		TARROGER	
							ADDRESS	
CITY-ST-ZIP	l				6.4 CI	1Y-S	51 - Z#P	

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.

Mahmoud A. Nimer, MD

(352) 596 4022

Mar 04 1998 8:00am

Secretary of State