P.O.BOX 4964 PT CHARLOT	420 TE, FL 33949		
FEI Number: 59-1998427		Certificate of Status Desired: No	
Name and Ad	dress of Current Registered Agent:		
KHALIDI, SAKINA 3420 TAMIAMI TF SUITE 3 PORT CHARLOT			
The above named e	ntity submits this statement for the purpose of changing its registered office or reg	istered agent, or both, in the State of Florida.	
SIGNATURE:	SAKINA KHALIDI	01/20/2018	
	Electronic Signature of Registered Agent	Date	
Officer/Direct	or Detail :		

Title	PD	Title	SECRETARY	
Name	KHALIDI, SAKINA	Name	KHALIDI, SAKINA	
Address	••	Address	2400 HARBOR BLVD SUITE 17	
City-State-Zip:	SUITE 3 PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAKINA KHALIDI

Electronic Signature of Signing Officer/Director Detail

01/20/2018 Date

FILED Jan 20, 2018 **Secretary of State** CC7278317840

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657467

Entity Name: NASIR KHALIDI & SAKINA KHALIDI, M.D., P.A.

Current Principal Place of Business:

3420 TAMIAMI TRAIL SUITE 3 PORT CHARLOTTE, FL 33952

Current Mailing Address: