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.

MANAGER

#### SIGNATURE: SAKINA KHALIDI

Electronic Signature of Signing Officer/Director Detail

#### 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:**

3420 TAMIAMI TRAIL SUITE 3 PORT CHARLOTTE, FL 33952 US

# FEI Number: 59-1998427

# Name and Address of Current Registered Agent:

KHALIDI, SAKINA 3420 TAMIAMI TRAIL SUITE 3 PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE	SAKINA KHALIDI			02/15/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	SECRETARY	
Name	KHALIDI, SAKINA	Name	KHALIDI, SAKINA	
	3420 TAMIAMI TRAIL SUITE 3 PORT CHARLOTTE FL 33952	Address	2400 HARBOR BLVD SUITE 17	
		City-State-Zip:	PORT CHARLOTTE FL 33952	

Certificate of Status Desired: No

FILED Feb 15, 2020 Secretary of State 5483151406CC

> 02/15/2020 Date