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.

PD

SIGNATURE: NASIR KHALIDI

Electronic Signature of Signing Officer/Director Detail

2015	FLORIDA	PROFIT	CORPORA	TION /	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:

P.O.BOX 496420 PT CHARLOTTE, FL 33949

FEI Number: 59-1998427

Name and Address of Current Registered Agent:

NASIR KHALIDI 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	SECRETARY
Name	KHALIDI, NASIR	Name	KHALIDI, SAKINA
Address	3420 TAMIAMI TRAIL	Address	2400 HARBOR BLVD SUITE 17
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

FILED Jan 05, 2015 Secretary of State CC6632757841

Certificate of Status Desired: No

01/05/2015

Date