

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095176

Entity Name: TAHER KHALIL, MD, P.A.

Current Principal Place of Business:

22 LAKE VISTA WAY
ORMAOND BEACH, FL 32174

Current Mailing Address:

22 LAKE VISTA WAY
ORMAOND BEACH, FL 32174

FEI Number: 20-0186666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHALIL, TAHER MD
22 LAKE VISTA WAY
ORMAOND BEACH, FL 32174 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

_____ Date

Officer/Director Detail :

Title MD
Name KHALIL, TAHER MD
Address 22 LAKE VISTA WAY
City-State-Zip: ORMAOND BEACH FL 32174

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: TAHER KHALIL

MD

04/07/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date