

**2024 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

04/19/2024

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date