

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H20148

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** RASHDA ALBIBI, M.D., P.A.

**Current Principal Place of Business:**

200 W 19TH ST  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 W 19TH ST  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number:** 59-2451637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBIBI,, RASHDA M.D  
200 W 19 ST.  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBIBI, RIYAD M.D  
Address: 3724 PRESERVE BAY BLVD  
City-St-Zip: PANAMA CITY, FL 32408

Title: D  
Name: ALBIBI, RASHDA  
Address: 3724 PRESERVE BAY BLVD  
City-St-Zip: PANAMA CITY, FL 32408

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: RASHDA ALBIBI

D

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date